MLAC Subcommittee on Worker Continuation of Care
9/22/2022 Meeting
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WEBVTT

1
00:00:01.840 --> 00:00:56.260
Theresa Van Winkle: Good morning. Everyone now welcomes to the September twenty second, two thousand and twenty-two subcommittee on work of continuation of care, and also happy. First day of autumn, for those who choose to celebrate acknowledged that fine day, and drink your pumpkin spice latte in celebration. With that I'm Teresa, and I, Winkle, I am the administrator for MLAC. We are here to get to our second part of continuing input from medical providers and the medical community on a variety of issues related to the for her continuation of care. And we do have three members of Mac that are here. But before we introduce them and kick off. Input. I will um open up a review of the minutes from the September sixteenth meeting And, Sarah, we did circulate the aversion with your edits, so those are be incorporated into the official minutes.

00:00:56.590 --> 00:01:00.029
Sara Duckwall: Thank you. I have no further comments to add.

00:01:00.040 --> 00:01:07.339
Matt Calzia, ONA: You know I didn't have a chance to review the minutes, can we put it to the next we can. That's fine.

00:01:07.960 --> 00:01:09.140
Theresa Van Winkle: That's fine.

00:01:12.230 --> 00:01:20.130
Theresa Van Winkle: Okay, with that we and we do have the three members of Mac that are here. We have chair, Dr. Ronald Bowman.

00:01:20.140 --> 00:01:34.649
Theresa Van Winkle: Um, we have um Dr. Jennifer Lawlor, who is, and um representative from the MCO. Community. And last history not least, we have Lon Holston, who is a worker, representative um for Mac and is any long-time stakeholder in the worker's cost policy community.

00:01:35.400 --> 00:01:40.089
Theresa Van Winkle: So, I will turn it over to you, Dr. Bowman, if you'd like to start, that would be great,

00:01:40.100 --> 00:01:55.830
Dr. Bowman: Sure. Thank you. Uh, Yeah, thanks for asking us to uh be part of this process for those of you that don't know I am an orthopedic surgeon in the Portland Uh: I have been chairing Max for almost twenty years.

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00:01:56.500 --> 00:02:00.499
Dr. Bowman: About eighty percent of my practices were a

00:02:01.130 --> 00:02:07.349
Dr. Bowman: The Mac Committee discussed. I think the if you want

00:02:07.690 --> 00:02:11.839
Dr. Bowman: some feedback, on which is time, loss, authorizations, and

00:02:12.350 --> 00:02:20.709
Dr. Bowman: specifically, open-ended ones. In May of last year two thousand and twenty-one I reviewed the records on that,

00:02:21.160 --> 00:02:39.570
Dr. Bowman: and we discussed. Ah, that Ah, for quite a while in the among the members. Um! We have to realize in the Mac Committee. Um, we have a selection bias, because everyone on the committee is interested in workers' compensation, the spending rooms preparing to give it,

00:02:39.580 --> 00:02:49.289
Dr. Bowman: and a lot of the problems seem to be the occasional attendees that give some of these time authorizations.

00:02:49.770 --> 00:02:51.050
Dr. Bowman: Um.

00:02:51.490 --> 00:02:57.409
Dr. Bowman: Most of us, including myself, are unaware that open time, loss

00:02:57.550 --> 00:03:02.509
Dr. Bowman: What's even uh and work for basic settings. You're off work with

00:03:03.460 --> 00:03:05.660
Dr. Bowman: into it.

00:03:05.680 --> 00:03:10.130
Dr. Bowman: And we discussed that for a while. Most of us thought

00:03:10.180 --> 00:03:17.969
Dr. Bowman: I had a consensus at a thirty-day limit. That is reasonable, and not

00:03:18.290 --> 00:03:22.269
Dr. Bowman: a hardship uh to play it for the work

00:03:23.130 --> 00:03:26.079
Dr. Bowman: the whole time off. They have nothing else to do

00:03:26.120 --> 00:03:29.820
Dr. Bowman: uh unless there's an issue with access.

00:03:30.860 --> 00:03:36.650
Dr. Bowman: It's the occupational medicine, Dr. Blythe, Dr. Vishatelli is one the

00:03:36.700 --> 00:03:48.819
Dr. Bowman: in their practices. There they are um save patients on full-time loss every two weeks, and I don't do that in my practice, maybe not monthly,

00:03:59.260 --> 00:04:08.450
Dr. Bowman: this, and I don't know if you want the feedback. Is this a rule-making thing or your interpretation?

00:04:09.280 --> 00:04:11.749
Dr. Bowman: for the legislation?

00:04:11.830 --> 00:04:12.850
Dr. Bowman: Where is it.
39
00:04:14.340 --> 00:04:28.360
Sara Duckwall: I can take that. So, we are charged as a subcommittee from MLAC. So first thank you for your time and your willingness to bring forth your opinion and on this matter.

00:04:28.370 --> 00:04:48.639
Sara Duckwall: we believe we have a problem statement to address, and that is a continuation of care for a workers comp and to see, because currently there is, there's no requirement How often um injured workers must see a physician or an attending or a type a provider. However, you want to call.

00:04:48.660 --> 00:04:51.759
Sara Duckwall: And we're just addressing that problem statement to see if one there is a problem and two to come up with solutions.

00:04:58.370 --> 00:05:03.650
Dr. Bowman: Okay? And I think uh the MCO. It's all in the contract language, and there is some

00:05:03.880 --> 00:05:05.750
Dr. Bowman: there. So, it's the

00:05:05.760 --> 00:05:08.670
Dr. Bowman: non-mco uh claims that I

46
00:05:09.500 --> 00:05:10.760
Dr. Bowman: um,

47
00:05:13.110 --> 00:05:15.429
Dr. Bowman: and I take it

48
00:05:16.140 --> 00:05:19.930
Dr. Bowman: it's problematic. If there is an open-ended

49
00:05:19.970 --> 00:05:31.590
Dr. Bowman: work, release if you couple that with a certain personality and worker, Ah, I see in your um committee notes, I read. Those ahead of time is called Doctor Dodging. I've not heard that, but I like that, but you know it would be harder to get to work, or engaged in this or for long-term.

00:05:41.470 --> 00:05:43.460
Matt Calzia, ONA: This is Matt. Um,

00:05:43.950 --> 00:05:52.709
Matt Calzia, ONA: I'm on the subcommittee, and I would have a question on that, I guess, since you have, you have an extensive experience with

00:05:52.770 --> 00:05:58.340
Matt Calzia, ONA: most of you practice involved with this. Do you? Do you experience that often, or?

00:05:58.550 --> 00:06:02.419
Matt Calzia, ONA: is that? Have you ever quantified? How many folks just don't

00:06:02.560 --> 00:06:07.500
Matt Calzia, ONA: uh seem to engage with the physician the attending

00:06:08.140 --> 00:06:18.520
Dr. Bowman: Well, in my practice we treat everyone the same when we have that, we have to make an appointment for them for thirty days at the most

00:06:18.650 --> 00:06:27.990
Dr. Bowman: appointment, and their work release within those from the date that I see them until the appointment is made before they leave the office.

00:06:28.260 --> 00:06:31.940
Dr. Bowman: So, we don't We don't get into uh

00:06:32.880 --> 00:06:35.900
Dr. Bowman: issues very often, you know.

00:06:36.420 --> 00:06:39.270
Dr. Bowman: I can remember when there's been one recently.

00:06:39.490 --> 00:06:43.140
Dr. Bowman: But if we had relied on

00:06:43.170 --> 00:06:47.450
Dr. Bowman: the worker to make the appointment, it could be a problem with

00:06:47.660 --> 00:06:51.460
Dr. Bowman: confusion. If they have an open, ended work, release,

00:06:51.650 --> 00:06:53.310
Dr. Bowman: and they are supposed to make an appointment.

00:06:53.420 --> 00:06:56.620
Dr. Bowman: You know we've been there, and we're.

00:07:03.750 --> 00:07:06.169
Dr. Bowman: It could lead to problems with that.

00:07:09.240 --> 00:07:18.769
Matt Calzia, ONA: And then, if you have another question, just kind of like, you know, I guess it’s sort of a hypothetical. But I would say, this is a common issue is,

00:07:19.550 --> 00:07:34.350
Matt Calzia, ONA: you know, a worker may see an attending who's a Gen. But a general practitioner, and then they go through steps where they May, and then get referred to like an orthopedic surgeon who determines that the procedure is needed

00:07:34.480 --> 00:07:40.969
Matt Calzia, ONA: right now. A lot of you know, with orthopedic surgeons. We're looking at sixty plus days from the time of the

00:07:41.050 --> 00:07:48.249
Matt Calzia, ONA: acknowledging We need that procedure done to when they can actually get in, and have, you know, have it actually scheduled.

00:07:48.360 --> 00:07:51.049
Matt Calzia, ONA: And so, in that time Um,

00:07:51.530 --> 00:07:58.430
Matt Calzia, ONA: you know, the worker is kind of they're gonna have to wait for that procedure to move forward

00:07:58.660 --> 00:08:06.409
Matt Calzia, ONA: so, the way that things are they would have to go. And I'm asking because you have more experience. I'm not totally positive.

00:08:06.610 --> 00:08:18.359
Matt Calzia, ONA: But you know this this idea would be they would have to just go See, they're attending, because that's the one who continues that time loss. It's not the orthopedic surgeon, it wouldn't be the console

00:08:18.400 --> 00:08:24.200
Matt Calzia, ONA: would be the attending in particular. So, we'd be saying or hypothetically. Then

00:08:24.550 --> 00:08:37.789
Matt Calzia, ONA: their procedure is scheduled sixty days out from when they saw the Orthopedist. And but we want to require that they pop in and schedule and get in to see and attending in between that. For what purpose. Right?

00:08:37.799 --> 00:08:49.840
Matt Calzia, ONA: Yeah, you know, we're all struggling to keep appointments flowing, and everybody's, you know. There’s not like an abundance of space and scheduling. So, it seems like. For what purpose would that exist? Or,

80
00:08:49.850 --> 00:09:04.829
Matt Calzia, ONA: they say, do eight weeks of physical therapy? It takes two weeks just to get scheduled for the first physical therapy, Eval, and there, you know, however, many sessions that need to be done that could easily extend well beyond thirty days, and we could be looking at

81
00:09:04.880 --> 00:09:10.840
Matt Calzia, ONA: sixty, plus, you know, when you when you look at the complexities of scheduling. So

82
00:09:11.010 --> 00:09:14.419

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Matt Calzia, ONA: I guess I'm just curious, you know, like when we look at the realities of

83
00:09:14.430 --> 00:09:18.300
Matt Calzia, ONA: of all of that. How does that work like?

84
00:09:18.310 --> 00:09:25.680
Matt Calzia, ONA: You're an orthopedic surgeon, so you may see it differently than an attendee Who's just a Gp. And I'm curious if the Mac discussed

85
00:09:25.770 --> 00:09:27.290
Matt Calzia, ONA: those scenarios.

86
00:09:27.300 --> 00:09:38.979
Dr. Bowman: Well, I can tell you from my personal experience. I have a a business relationship with a hack mid ah clinic in Salem, and they may remain the attendants, even though I do surgery and the following, and so many children

87
00:09:39.350 --> 00:09:56.209
Dr. Bowman: for six, nine months. But the patients have separate appointments for their management work, race, and their capabilities, and the docs call me if they need to know, and I'm and I'm just seeing the patience as necessary and depending on

88
00:09:57.180 --> 00:10:02.199
Dr. Bowman: It's really about having educated and

89
00:10:03.350 --> 00:10:05.349
Dr. Bowman: that are familiar with the work on

90
00:10:05.650 --> 00:10:07.550
Dr. Bowman: system. I think so they can

91
00:10:08.960 --> 00:10:23.319
Dr. Bowman: time Ah! And time timely. Ah, guidance! Ah, as far as like, you know, a month of physical therapy, and then having trouble getting it authorized. That's just part of the system. I wish there was a way to think that

92
00:10:23.330 --> 00:10:33.820
Dr. Bowman: it would help a lot. As long-term the workers know they have to see their attending doctor. Ah, monthly, and it's not an issue.

93
00:10:34.950 --> 00:10:39.169
Matt Calzia, ONA: Well, I guess that would be. My question. Is that seen the attending monthly.

94
00:10:39.210 --> 00:10:44.079
Matt Calzia, ONA: It seems like a burden to the entire system. If we know that we have these

95
00:10:44.340 --> 00:10:51.859
Matt Calzia, ONA: uh these treatment plans that are going to extend beyond monthly right if you see you're attending on the first,

96
00:10:52.230 --> 00:11:03.819
Matt Calzia, ONA: and they say you need x amount of therapy, physical therapy, or whatever a lot of that won't even be initiated like you would pop back in on a month, and it would be an appointment of

97
00:11:03.830 --> 00:11:08.699
Matt Calzia, ONA: it. Looks like you got the physical therapy booked, and you maybe did a session or two,

98
00:11:08.770 --> 00:11:10.590
Matt Calzia, ONA: so, we'll see again in another month.

99
00:11:10.600 --> 00:11:13.850
Matt Calzia, ONA: You know it. It doesn't seem efficient for our system.

100
00:11:14.350 --> 00:11:31.039
Dr. Bowman: Yeah, there Ah, it certainly would be more efficient, because that that scenario happens constantly in my practice. I'll do surgery on somebody. Ah! The first post off is ten days later they don't have any therapy immediately after. Sure, we at that post off

101
00:11:31.050 --> 00:11:45.949
Dr. Bowman: visit. I give them a physical therapy prescription um and um a protocol for the physical therapist. They probably up note, and then we see them again another month, and quite often they come back, while I just got one,

102
00:11:45.960 --> 00:11:52.419
Dr. Bowman: a physical therapy visit because it got hung up in the authorization. You know we've had the surgery on the book, for

103
00:11:53.530 --> 00:11:59.719
Dr. Bowman: I don't know how you can get around that it would be I'd be highly in favor of any way to streamline

104
00:12:00.500 --> 00:12:02.930
Dr. Bowman: for the system in general.

105
00:12:04.580 --> 00:12:05.740
Matt Calzia, ONA: Thank you.

106
00:12:07.330 --> 00:12:23.330
DR. BOWMAN: Can I interject something here? I don't want to take your time. Dr. Bowman. Um I'm Jennifer Lawlor, and um at CareMark Comp. I'm the medical director of CareMark, but I'm also in private practice and I just want to just correct one thing before I

107
00:12:23.520 --> 00:12:39.670
DR. BOWMAN: add my whole two cents. But the at CareMark we don't have a thirty-day requirement. I know there's a widespread perception that that is a requirement, but it's not, and there is not o ours that I'm aware of that require the thirty day follow up.

108
00:12:39.680 --> 00:12:47.280
DR. BOWMAN: I do think its good practice to see the patient, especially if they're on time loss, but that's not something that we enforce.

109
00:12:50.020 --> 00:13:00.410
Sara Duckwall: I have a question, for I think either of you could address that. Thank you for that. Do you feel, by having an end, date,

or regular appointment, so that keeps workers engaged in their treatment.

110
00:13:02.610 --> 00:13:08.210
Dr. Bowman: Uh, usually. Yes, uh, there, there's always some personalities that

111
00:13:08.310 --> 00:13:12.799
Dr. Bowman: um kind of pain behavior issues and a little harder to deal with.

00:13:16.360 --> 00:13:18.340
Dr. Bowman: I

114
00:13:19.460 --> 00:13:25.189
Dr. Bowman: wouldn't want to lose track of people, if there's not a specific follow-up made, and

115
00:13:25.220 --> 00:13:28.670
Dr. Bowman: probably six weeks would be. The uh

116
00:13:28.750 --> 00:13:30.200
Dr. Bowman: did not follow it

117
00:13:30.330 --> 00:13:31.490
at least

118
00:13:31.770 --> 00:13:37.780
Dr. Bowman: interval for most for a lot of the patients, but we've kept it at thirty days, and it

119
00:13:39.340 --> 00:13:59.250
Dr. Bowman: keeps us on top of what's going on with the patient in um in the medically and in my practice with shoulder surveys. There's occasionally people They're really post-op to get some signs of developing and close and shoulder, and we want to be impressive on. We have to that one with this.

120
00:14:00.430 --> 00:14:01.680
Dr. Bowman: Ah,

121
00:14:02.750 --> 00:14:04.830
Dr. Bowman: yeah, I would not he

122
00:14:05.370 --> 00:14:11.889
Dr. Bowman: comfortable in my practice not having um a specific follow up schedule.

123
00:14:14.230 --> 00:14:26.349
Sara Duckwall: Okay? And then I sorry I have a follow up to Matt uh questions and scenario. If you had regular scheduled appointments, and we're seeing that the system is not moving

124
00:14:26.360 --> 00:14:35.350
Sara Duckwall: that patient or the injured worker long term. Would that be an opportunity for the attending to intervene and help the system?

125
00:14:35.360 --> 00:14:36.830
Sara Duckwall: I process that

126
00:14:36.990 --> 00:14:39.580
Sara Duckwall: those issues in a Charlie manner.

127
00:14:39.590 --> 00:14:58.699
Sara Duckwall: I guess it's taking sixty days, or if the physical therapy appointments aren't getting scheduled, and is it? And there was anything in the system. Could you help address those?

128
00:14:59.810 --> 00:15:01.760
Dr. Bowman: Yeah, A lot of the

129
00:15:03.360 --> 00:15:15.490
Dr. Bowman: cases that have are probably having problems like that come with the nurse case, man, and that's helps him long term, and then attendings can do the same

130
00:15:15.690 --> 00:15:21.760

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Dr. Bowman: type it to a point. But as far as getting authorizations for the

131
00:15:21.820 --> 00:15:22.870
Dr. Bowman: say,

132
00:15:23.340 --> 00:15:27.499
Dr. Bowman: physical therapy price rate for a month that has to go through the

133
00:15:28.210 --> 00:15:31.909
Dr. Bowman: the process to get the patient in.

134
00:15:32.280 --> 00:15:35.359
Dr. Bowman: I'm not sure how-to um.

135
00:15:36.630 --> 00:15:39.180
Dr. Bowman: I don't change it out.

136
00:15:39.610 --> 00:15:43.499
Sara Duckwall: I understand I appreciate your thoughts and employment.

137
00:15:43.510 --> 00:15:55.559
Dr. Bowman: Well, I read through your through the notes from your last couple of your informative to me the other issue that comes up quite frequently in my patient that I

138
00:15:56.090 --> 00:16:05.710
Dr. Bowman: indicated for surgery. But their BMI is over fifty, and anesthesia won't. Put in this lead for an elected case till we get under fifty,

139
00:16:06.140 --> 00:16:25.599
Dr. Bowman: and they see him. Ah! For several times and ah! As long as they're making progress. Then um. We're going to keep going until we can do surgery. But quite often, six months later, and nothing's changed or the other one is diabetics with ah, an A. One, c. That's overpaid.

140

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00:16:25.620 --> 00:16:29.360
Dr. Bowman: And how does the system deal with that? It seems like That's a

141
00:16:30.460 --> 00:16:34.650
Dr. Bowman: problematic area? Because if you

142
00:16:35.170 --> 00:16:50.929
Dr. Bowman: say okay, we're going to close your claim, and you'll reopen it when your um. The BMI changes are there. They won't. See is acceptable. You close them out as soon as its permanent disability that they've got the treatment. So

143
00:16:51.490 --> 00:16:54.889
Dr. Bowman: I think that's a difficult problem. The issue.

144
00:16:54.930 --> 00:17:00.890
Dr. Bowman: It was in your notes. It's about somebody that wouldn't stop smoking. They're probably getting the you know

145
00:17:01.020 --> 00:17:02.359
Dr. Bowman: Kingdom was up to the

146
00:17:02.980 --> 00:17:04.050
Dr. Bowman: he's

147
00:17:06.869 --> 00:17:07.589
in the

148
00:17:07.599 --> 00:17:09.899
Dr. Bowman: issued for the patient to house

149
00:17:10.020 --> 00:17:12.349
Dr. Bowman: stop smoking before they're certainly not

150
00:17:14.670 --> 00:17:18.649
Sara Duckwall: in those instances, do you continue to see that patience?

151
00:17:19.579 --> 00:17:31.939
Dr. Bowman: Yes, we tried, for instance, when it's just pure. Ah, weight loss. We thought Well, we're not really a weight-loss doctor. Let's try to work out something with a place down the street that we work with the patient on

152
00:17:32.360 --> 00:17:36.149
Dr. Bowman: weight loss, and she's got that really didn't go anywhere

153
00:17:36.800 --> 00:17:39.389
Dr. Bowman: in in those cases. Um

154
00:17:39.710 --> 00:17:49.430
Dr. Bowman: and similar with a A1C. But they usually have their primary care, doctor, that they can work with to get their a A1C down,

155
00:17:50.290 --> 00:17:52.280
Dr. Bowman: but we see him um

156
00:17:52.930 --> 00:18:00.310
Dr. Bowman: usually at least three to four months, and as long as they're making progress in whatever the number it is,

157
00:18:00.700 --> 00:18:03.139
Dr. Bowman: you know we'll keep seeing it, and it's

158
00:18:03.160 --> 00:18:06.359
Dr. Bowman: not a real productive meeting.

159
00:18:07.520 --> 00:18:10.290
Dr. Bowman: Anyone see is what it is.

160
00:18:10.310 --> 00:18:11.730
Dr. Bowman: That's the only mission

161
00:18:13.310 --> 00:18:15.220
Dr. Bowman: on the table until he can get there,

162
00:18:15.420 --> 00:18:16.670
you know.

163
00:18:19.410 --> 00:18:21.900
Meanwhile, they are usually on

164
00:18:22.600 --> 00:18:25.150
Dr. Bowman: most of our full-time loss.

165
00:18:25.840 --> 00:18:33.329
Matt Calzia, ONA: So, I have a and again, I'm not too familiar with how the rules work. But so, with those comorbidities. If you

166
00:18:33.760 --> 00:18:36.310
Matt Calzia, ONA: you know, these are workers who

167
00:18:36.870 --> 00:18:53.370
Matt Calzia, ONA: don't have good access to primary care positions, and so they struggle to manage the their A1C. Chronic illness. Comorbidities like, you know, in particularly if they're a one, c. So, in the in the regarding word copy.

168
00:18:53.380 --> 00:19:00.509
Matt Calzia, ONA: They don't get that treatment. They don't have access to that through the Comp. That's only specific. So, if you're seeing them for

169
00:19:00.700 --> 00:19:02.710
Matt Calzia, ONA: the shoulder surgery,

170
00:19:03.000 --> 00:19:04.110
Matt Calzia, ONA: and

171
00:19:04.210 --> 00:19:24.030
Matt Calzia, ONA: their A1C is elevated, and they don't have a primary care position. Um you aren't able to or they aren't able to work with somebody to get access to the appropriate medications to lower their A one, c. And there's some new agents out there that are pretty remarkable for both,

172
00:19:24.040 --> 00:19:38.629
Matt Calzia, ONA: you know, lowering. They wouldn't see and weight loss, but they're new, so they're incredibly expensive. Um! So, for a lot of workers that they just may not have access to that, and acknowledging those are chronic health conditions. You, don't have any ability to kind of

173
00:19:39.030 --> 00:19:43.079
Matt Calzia, ONA: refer them to somebody who would manage that through work. Compton.

174
00:19:43.270 --> 00:19:55.930
Dr. Bowman: No, it's like Ah, Chris is Someone has a cardiac history and communicating with some kind of surgery, and we're comfortable pay for a cardiology consult

175
00:19:56.210 --> 00:20:00.859
Dr. Bowman: the surgery. But if that console comes up with a treatment that needs to be completed first,

176
00:20:01.020 --> 00:20:06.740
Dr. Bowman: and that won't be paid in the more content, and some of the patients have

177
00:20:14.800 --> 00:20:16.110
Dr. Bowman: couldn't.

178
00:20:21.500 --> 00:20:40.029
Sara Duckwall: I think I have one final question. So, you have chosen to regularly see your patients in a cadence that makes sense to you. Is there research on the outcomes when a worker regularly seeks treatment on an aiding and recovery that you found.

179
00:20:42.660 --> 00:20:44.370
Dr. Bowman: Um.

180
00:20:45.350 --> 00:20:48.579
Dr. Bowman: I don't know I haven't done a literature search on that.

181
00:20:48.710 --> 00:20:50.670
Dr. Bowman: Um. We could um

182
00:20:51.280 --> 00:20:52.550
Dr. Bowman: look into that.

183
00:20:52.630 --> 00:20:53.840
Dr. Bowman: So

184
00:20:54.290 --> 00:20:59.630
Dr. Bowman: the outcomes better with type management versus

185
00:21:01.070 --> 00:21:03.890
Dr. Bowman: there's occasional involvement in Post Office.

186
00:21:04.280 --> 00:21:04.790
Dr. Bowman: We have.

187
00:21:04.800 --> 00:21:06.580
Sara Duckwall: Yes, the issue. Yeah,

188
00:21:07.070 --> 00:21:08.200
Dr. Bowman: um. I don't know

189
00:21:08.640 --> 00:21:18.939
Dr. Bowman: It's hard. It's, you know we've done literature searches on a number of things right now. We're looking back to the like, the rich plasma injections, and

190
00:21:18.980 --> 00:21:22.760
Dr. Bowman: it's really difficult to get more cop. Only

191
00:21:23.100 --> 00:21:31.930
Dr. Bowman: literature or met analysis. Usually it gets us the opposite, or they just get thrown a treatment option.

193
00:21:34.070 --> 00:21:35.250

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Dr. Bowman: Um,

194
00:21:40.860 --> 00:21:42.310
Dr. Bowman: i'll um.

195
00:21:42.570 --> 00:21:44.270
Dr. Bowman: I'll talk to you

196
00:21:46.360 --> 00:21:47.460
Dr. Bowman: in the

197
00:21:50.080 --> 00:21:51.210
Sara Duckwall: Thank you.

198
00:21:55.830 --> 00:22:05.640
Theresa Van Winkle: Any other questions. And actually, for the, and we do have a number of um and MAC members that are here as well. If you would like to ask questions to please feel free to do so as well.

199
00:22:06.540 --> 00:22:09.329
Theresa Van Winkle: I'll. I'll turn over to Dr. Lawlor next.

200
00:22:13.190 --> 00:22:22.200
Dr. Lawlor: Ok, Yeah, I’m actually a member of MAC. But I have not yet attended since the last couple of meetings, I think were canceled. But

201
00:22:22.210 --> 00:22:50.529
DR. BOWMAN: um! So, I think I’m happy to, you know, like I said, add my two cents, mostly as a provider who's been practicing in Oregon for five years and treating injured workers. And so, I hope my perspective has something. The one comment about Mco. Just to kind of follow up on what Dr. Bowman said. Um, a few things. One is that you know the Mco. Does not require the thirty day. But just by virtue of being involved in

202
00:22:50.610 --> 00:23:02.990
DR. BOWMAN: reviewing all pre-certification requests, there are more eyes on the case. And there are times where we will initiate reaching out to,

203
00:23:03.000 --> 00:23:12.620
DR. BOWMAN: you know, to kind of notify the provider that look. It looks like they haven't followed up in a bit, you know. Can your staff reach out and make that happen? So, it's facilitated,

204
00:23:12.830 --> 00:23:31.409
DR. BOWMAN: but also, for when workers are enrolled in CareMark for the post-op, there is some initial authorization of that immediate post-op therapy just to help avoid some of those disjointed gaps in treatment.

205
00:23:31.420 --> 00:23:32.850
DR. BOWMAN: Um

206
00:23:34.030 --> 00:23:37.919
DR. BOWMAN: I think the issue about frequency of visits.

207
00:23:38.080 --> 00:24:06.730
DR. BOWMAN: I would say, Um, right now is a really unusual time, I mean starting with Covid and what I call Post Covid, whatever it's just really different than all years. Prior to that everything is congested, so it just really wouldn't be very practical, for there to be a thirty-day limit in most instances, as several of you mentioned, you know it might take two weeks to get into physical therapy, and that's not necessarily it may

208
00:24:06.740 --> 00:24:24.019
DR. BOWMAN: take even longer than that, and that's not necessarily the norm. There's just shortages everywhere. You look It's not just the nursing shortage that we're hearing about. But most offices are short-staffed as well Anything from reception to medical assistance, and that also extends to the therapy offices as well. So

209
00:24:24.030 --> 00:24:34.659
DR. BOWMAN: the current snapshot particularly does not lend itself to a thirty-day requirement, and I know that was just thrown out there as a suggestion. And it's not the only focus.

210
00:24:35.080 --> 00:25:03.689
DR. BOWMAN: I do think that, you know Case is very. There could be somebody where you You're just not expecting much movement to happen

at all in terms of their progress for a couple of months, and so you intentionally have them come back in two months. Um, when I first started in practice. Um, you know, I tried to see my patients every two weeks, and that was doable, because I wasn't so busy, and there's some benefit for certain diagnoses to seeing with that level of frequency.

211
00:25:03.700 --> 00:25:09.149
DR. BOWMAN: But other diagnoses. There's just not going to be, you know, to Matt's point there's not going to be enough

212
00:25:09.200 --> 00:25:21.499
DR. BOWMAN: of a difference to really accomplish much of anything other than to sort of be a reminder to the injured worker that you're engaged. You know you're part of this.

213
00:25:21.510 --> 00:25:38.399
DR. BOWMAN: So that's where I agree with Dr. Bowman that every thirty days is kind of a nice timeframe to make sure that they're still connected to you as part of the treatment team and keep them engaged. And being reminded of their responsibility in this as well,

214
00:25:38.970 --> 00:25:53.170
DR. BOWMAN: I think that when patients miss appointments most offices do have policies in place where they'll reach out and reschedule; and if there are a couple of no-shows in a row, there may also be a policy that

215
00:25:53.180 --> 00:26:05.520
DR. BOWMAN: you know just doesn't. Allow that patient to be rescheduled further. So those are sort of soft checks and balances that are put in place for all patients, but that would extend to individuals as Well,

216
00:26:05.530 --> 00:26:35.099
DR. BOWMAN: um! I know that while the adjusters have the authority to require, you know mandatory visits from my perspective, it seems like that is not employed very often, and I've always been sort of curious as to why. That is because even you know, as the provider you want to see your patient, and when you have those few, and I do think it's the small percentage that are kind of slippery, and they just sort of drift off. They don't come back. It's not really clear what's happening. Did they just find a different attending?

217
00:26:35.110 --> 00:26:51.360
DR. BOWMAN: um. And so, ah, our office, you know, when something like that is happening, it. It does become a parent at some point, especially if the second no-show um. Then you know we're making calls or making decisions at that point,

218
00:26:51.370 --> 00:26:55.339
DR. BOWMAN: but that is reactive, not proactive. I can understand,

219
00:26:55.500 --> 00:27:04.570
DR. BOWMAN: in terms of making the work release. With a start, date, and an end date. I confess that I am not very

220
00:27:04.580 --> 00:27:16.520
DR. BOWMAN: consistent about that, but I do think it's a good strategy to really get the injured workers attention. However, it creates a lot of

221
00:27:16.530 --> 00:27:33.889
DR. BOWMAN: difficulty and stress. When I know that I'm I can't guarantee I can see the patient in that time frame. So, then we find ourselves with, you know, very frantic stressful messages from the injured worker. That Oh, my gosh, I'm not going to have my time loss. I need to get this,

222
00:27:33.900 --> 00:27:51.889
DR. BOWMAN: and of course, the provider is busy as well, so it's stress on their end. Um! So, they tend to use that retroactive option, and, you know, try to get the worker in, or try to extend the same restrictions. So, it's. It's a little messy. When you put an end date

223
00:27:51.900 --> 00:28:04.129
DR. BOWMAN: it is there are some benefits, but it's not. It doesn't work out great. One of my partners has taken to giving a two-month work release at a time. Knowing that in all likelihood

224
00:28:04.140 --> 00:28:17.670
DR. BOWMAN: she will see the injured worker before that two-month mark, but then it overlaps, and then she'll just modify it when she

sees them. So that's another strategy that she found has worked for her.

225
00:28:19.090 --> 00:28:21.739
DR. BOWMAN: I think that. Ah,

226
00:28:21.990 --> 00:28:23.439
I also want to say,

227
00:28:24.410 --> 00:28:30.060
DR. BOWMAN: I guess those are my main comments about the frequency of visit. Anybody have questions, or

228
00:28:31.500 --> 00:28:33.370
DR. BOWMAN: for the discussion on that,

229
00:28:34.610 --> 00:28:45.349
Dr. Bowman: just to comment on the different types of practices like my and as a surgical practice I spend a lot of time with nations. But I do a lot of this quick.

230
00:28:45.360 --> 00:28:51.649
Dr. Bowman: Does it say more if someone is, and they're recovering it, and it's not hard to work somebody

231
00:28:52.520 --> 00:28:55.010
Dr. Bowman: I any certain week I can get him

232
00:28:55.370 --> 00:28:59.280
Dr. Bowman: and my back for a lot of lowers, and those are pretty common

233
00:29:00.790 --> 00:29:01.859
by adding levels,

234
00:29:03.100 --> 00:29:06.400
Dr. Bowman: each one, and the slots may not be there.

235

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00:29:06.560 --> 00:29:08.729
Dr. Bowman: And that type of practice.

236
00:29:08.830 --> 00:29:33.310
DR. BOWMAN: Yeah, I think that's exactly what happens. You know we'll schedule an hour for a new patient typically um, and you know, twenty to thirty minutes for a follow up. So, there's just not the time in the day um to fit them in, plus all those staffing issues that I mentioned. You know it took us seven months to hire a medical system, for example, and you know It's just It's really unusual times.

237
00:29:33.670 --> 00:29:35.460
DR. BOWMAN: I think

238
00:29:36.490 --> 00:29:55.380
DR. BOWMAN: the other topic that I, you know, that was brought up with by Dr. Moment about how to deal with these cases that just kind of dead end. They're not resolved. They're stalled out because of an A. One, c. For pregnancy, or you know some situation, and

239
00:29:55.390 --> 00:30:00.000
DR. BOWMAN: there have been times for injured workers that are enrolled in

240
00:30:00.010 --> 00:30:25.109
DR. BOWMAN: the Mco. That we've said just, you know. Can you declare them medically stationary, knowing that it will reopen at some future point? If and when they accomplish these goals, then it comes down to the difficult sort of educated, best projection of their current limitations, and sort of parsing them out to whether they

241
00:30:25.120 --> 00:30:31.999
DR. BOWMAN: due to the accepted condition or not. It's never easy. It's ever pretty, but

242
00:30:32.210 --> 00:30:56.799
DR. BOWMAN: you know there are scenarios where that I have also seen for the humans, for the a one, C being elevated. Um. In most instances they do have medical providers, and they're working with their provider. Where we get an endocrinologist authorized by the adjusters so that they can get a little more guidance to help move things forward. But it is an individual case by case

243
00:30:56.810 --> 00:30:58.690
DR. BOWMAN: situation. I think

244
00:30:58.700 --> 00:31:01.239
DR. BOWMAN: there's no one size fits all for those.

245
00:31:03.020 --> 00:31:17.690
DR. BOWMAN: And then I guess Another area that I just wanted to speak to was about continuity of care as pertains to the use of physician assistance. And I,

246
00:31:17.700 --> 00:31:34.969
DR. BOWMAN: you know, I feel like I have sort of mixed thoughts about that. I do think the training is different, while there are certainly physician assistants who have an amazing amount of experience, including in workers 'comp. I think it's very mixed, and

247
00:31:34.980 --> 00:31:50.429
DR. BOWMAN: I think for that reason, you know, I have some hesitation about, you know, completely changing the type category. But I would also say that the

248
00:31:50.440 --> 00:32:07.219
DR. BOWMAN: access to care is a very real problem, especially in rural areas, and I have to believe that trends are moving towards primary care, being predominantly physician, assistant, and nurse practitioners.

249
00:32:07.740 --> 00:32:37.519
DR. BOWMAN: Those are just some perspectives I wanted to share. I think that the challenge for me is especially in my role at CareMark when I'm reviewing records. And there's an office that has a specialist, typically a surgeon and a pa. And there's alternating appointments. I find that to be more problematic than anything else, because, even though they're sharing the same records, there are differences of opinion, and how things go forward, and instead of being a linear core,

250
00:32:37.530 --> 00:32:39.589
DR. BOWMAN: it tends to have a lot more zigs and things,

251
00:32:39.600 --> 00:32:48.060
DR. BOWMAN: and I'm not sure why that is. But I think it's just because most practices that do employ pas have

252
00:32:48.080 --> 00:33:03.330
DR. BOWMAN: a somewhat loose supervision structure. I mean, sure it meets the criteria, but that's just my impression from reading the records, and so I have some concerns about that model more than I would have concerned about

253
00:33:03.690 --> 00:33:10.079
DR. BOWMAN: having pas play a role early on. I think that

254
00:33:10.310 --> 00:33:28.679
DR. BOWMAN: one of the most important things in the Oregon work office is that very clear attending physician or attending provider responsibilities, and that everything flows back through them. I think that's just essential, and when that falls apart it gets really difficult to manage the care.

255
00:33:29.220 --> 00:33:33.239
Most specialists that I refer patients to are not.

256
00:33:33.250 --> 00:33:52.219
DR. BOWMAN: I'm. Interested in becoming the attending at all. And, in fact, that is a barrier to care especially for continuity. There are more and more providers who are saying no to work. Comp. Especially if the claim is older than They'll either say six months, nine months, or twelve months, and

257
00:33:52.440 --> 00:33:56.440
DR. BOWMAN: I guess that would be a potential,

258
00:33:56.950 --> 00:34:00.230
DR. BOWMAN: you know reason why,

259
00:34:00.680 --> 00:34:15.640
DR. BOWMAN: making sure that care is happening up. so that referrals can be initiated sooner in the claim, whatever it takes to make that

happen is important because they're pretty rigid on those timelines. And then there's nobody to turn to.

260
00:34:16.080 --> 00:34:26.089
DR. BOWMAN: So, part of my comments about the role of Pa's in work. Comp. And just, you know, these access to care issues

261
00:34:26.100 --> 00:34:37.489
DR. BOWMAN: also, would raise the question of You know what specifically is influencing providers to step away from work, and I think,

262
00:34:37.620 --> 00:34:50.710
DR. BOWMAN: surveying providers out there. Is it's probably overdue, you know. Is it a reflection of all of the burdens that have increased on providers. I mean, we get,

263
00:34:50.980 --> 00:35:06.340
DR. BOWMAN: you know, we get notifications from pharmacists now about medications that we know the patient is on, you know, and then we get the autumn care, and then we get the you know It's just There's an unbelievable avalanche of busy work,

264
00:35:06.540 --> 00:35:18.379
DR. BOWMAN: so, I don't know if that's a big factor. I don't know if it's that the reimbursement Hasn't kept pace. I think there are a number of factors, but it's a question that

265
00:35:18.480 --> 00:35:26.520
DR. BOWMAN: probably should be addressed at the higher levels, so that the whole system can continue to, you know, function.

266
00:35:27.650 --> 00:35:33.470
Dr. Bowman: Now, there was an article, a study done in. It was probably thirty

267
00:35:34.010 --> 00:35:42.840
Dr. Bowman: thirty years ago, now in the Journal of On and Joint surgery on the administrative costs in an orthopedic office

268

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00:35:43.020 --> 00:35:44.190
Dr. Bowman: or a clock versus

269
00:35:44.700 --> 00:35:51.679
Dr. Bowman: railroad insurance, and it was about forty percent increased cost in in just the paper worker.

270
00:35:52.850 --> 00:35:54.229
Dr. Bowman: The different steps that involved

271
00:35:55.000 --> 00:36:02.839
Dr. Bowman: that couple with not much change in reimbursement. So, a long time leads a lot of the

272
00:36:02.970 --> 00:36:08.669
Dr. Bowman: um uh providers that have been in the work to just drop it.

273
00:36:11.860 --> 00:36:18.159
DR. BOWMAN: Yeah, and I mean it's anecdotal. But I can say that in speaking to different physiatrists

274
00:36:18.320 --> 00:36:37.100
DR. BOWMAN: and rehab, you know, that's one of the specialties that is probably most aligned and most appropriate to see people of sustained injuries on the job. There's, I would say. At least fifty percent have

275
00:36:37.140 --> 00:36:47.670
DR. BOWMAN: have reduced their work on patient case load. And also, you know, consider just kind of reducing it further. So that's not a good sign.

276
00:36:48.570 --> 00:37:05.490
DR. BOWMAN: But I think that some of it is the contentiousness that can come along with injured workers, but I think it's just. There's just a lot of burden in health care in general, and when providers are given a choice. I'm going to exit out of this subcategory.

277
00:37:05.500 --> 00:37:15.590

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DR. BOWMAN: You know, work Comp. Kind of is carved out because it's the one area where maybe they can actually make that choice. So, you don't really have a choice in other

278
00:37:15.600 --> 00:37:27.160
DR. BOWMAN: areas. I certainly see that amongst employed providers they're given the choice to treat injured workers or not, and for the most part they choose not.

279
00:37:27.170 --> 00:37:43.099
Matt Calzia, ONA: So, I. I bring this subject up primarily, because I think that in in contemplating solutions to some of these challenges. Um, you know, I would just be mindful of making sure you have adequate input from

280
00:37:43.110 --> 00:37:50.459
DR. BOWMAN: You know the Provider base, because there's you know It's a shifting landscape right now.

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00:37:52.040 --> 00:37:58.789
Matt Calzia, ONA: This is math. I just had one question you said he went with when employed providers, so they aren't

282
00:37:59.640 --> 00:38:04.650
Matt Calzia, ONA: those folks tend not to be as tied to the reimbursement end, right? So, they kind of get

283
00:38:05.230 --> 00:38:10.360
Matt Calzia, ONA: that's less of an influence, so they would be choosing not to work with word, calm

284
00:38:10.420 --> 00:38:17.590
Matt Calzia, ONA: patients, for maybe different reasons than the administrative burden that you've identified

285
00:38:17.600 --> 00:38:27.520
DR. BOWMAN: exactly that. Yeah, I think yeah. They're indirectly affected because they may have a productivity requirement, and they may have

286

00:38:27.680 --> 00:38:29.640
DR. BOWMAN: other

287
00:38:29.660 --> 00:38:36.749
DR. BOWMAN: timelines that are pretty aggressive sometimes for finishing all paperwork. And so, when you

288
00:38:36.820 --> 00:38:53.750
DR. BOWMAN: you know, look at the time involvement for injured workers, and then the paper. I think those are factors, and I think it's also just, you know, like I said, when you're given a choice Human nature, you know. It wants to take the path of lesser resistance. I can say

289
00:38:57.250 --> 00:38:58.430
Matt Calzia, ONA: Thank you.

290
00:38:59.900 --> 00:39:01.100
You're welcome

291
00:39:01.300 --> 00:39:03.729
DR. BOWMAN: any other questions or comments.

292
00:39:09.290 --> 00:39:11.580
Theresa Van Winkle: I don't see any thanks, Dr. Leather.

293
00:39:11.680 --> 00:39:30.870
Lon Holston: Good morning. Good morning. Thank you for having me um members of the committee. My name is Lon Holston. I am a member of the Medical Advisory Committee, and I speak today for myself and not the committee, and as an injured worker, a past injured worker,

294
00:39:31.110 --> 00:39:48.719
Lon Holston: the Oregon workers compensation system can be challenging at best for injured workers, and this becomes problematic. For those workers who have who are language challenged, injured workers for the most part strive to get back to work and have their life normal again.

295
00:39:48.730 --> 00:40:04.120

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Lon Holston: I represented workers for forty-one years, and my employment background consists of production, manufacturing, residential, commercial and industrial construction. I was also a lobbyist at the legislature m lack member and co-chair,

296
00:40:04.130 --> 00:40:14.109
Lon Holston: and I currently sit on the medical advisory committee I live in the Portland areas. So, I have good geographical knowledge of providers that are out there.

297
00:40:14.440 --> 00:40:27.519
Lon Holston: I've experienced as an injured worker both inside and outside MCOs. I was enrolled in an Mco. In two thousand and twelve, and this enrollment continued until last year

298
00:40:27.690 --> 00:40:44.740
Lon Holston: as an injured worker. I must trust my medical provider and attending physician at my best interest at heart, and I rely on that position to manage my treatment, to get me back to work as soon as possible. This is the same case for most injured workers.

299
00:40:45.490 --> 00:41:04.290
Lon Holston: Most injured workers show up for all their scheduled appointments, whether it's with the physician, physical therapy or diagnostics. In my experience. While enrolled in the Mco. In two thousand and twelve, I had my first surgery, and my medical provider wanted me to have physical therapy. Within a short amount of time

300
00:41:04.300 --> 00:41:19.339
Lon Holston: the request was turned into the MCO. For the approval process. Post-surgery saw my I saw my physician a couple of times for checkup, and let him know that we had not had the approval for the physical therapy as of yet,

301
00:41:19.540 --> 00:41:27.719
Lon Holston: that I saw my fist physician again thirty days after surgery, and the physical therapy had not been approved at that point.

302
00:41:27.770 --> 00:41:47.580
Lon Holston: I was having serious mobility issues with my shoulder due to tissue freezing and my shoulder it wasn't until six weeks both surgeries did the approval arrive, and the letter was back dated for

several weeks. Now I don't know whether it's at an outbox or what to happen

303
00:41:47.590 --> 00:42:03.140
Lon Holston: that with that process. But things do happen for shoulder surgery. It's not uncommon to have a patient get into physical therapy soon after surgery, just because of the mobility issues.

304
00:42:03.280 --> 00:42:11.740
Lon Holston: So, I've also run into problems with approvals for medical devices, pre-surgery,

305
00:42:11.920 --> 00:42:18.850
Lon Holston: and one particular case I had an ice jacket and the first surgery, and it actually helped me

306
00:42:18.950 --> 00:42:20.189
Lon Holston: um

307
00:42:20.510 --> 00:42:37.499
Lon Holston: when my I had a reaction to the pain medications and had to drop them. So, I did a shoulder surgery with no pain, meds and an ice jacket, and as Lon Holston as I didn't move, life was good, but that that particular ice jacket

308
00:42:37.630 --> 00:42:46.070
Lon Holston: was then denied in the second two surgeries, because I had a total of three surgeries on my on my shoulder,

309
00:42:46.080 --> 00:42:47.250
Lon Holston: so

310
00:42:47.390 --> 00:43:03.179
Lon Holston: I have to tell you that there are complications that are out there that happen on a regular basis. Now I'm not here to trash, and so I think the Mc. O's do bring value to the workers compensation system and help manage some of the claims.

311
00:43:03.690 --> 00:43:06.109
Lon Holston: I do feel, however, that the

312
00:43:06.340 --> 00:43:13.769
Lon Holston: for me, who's been in workers compensation policy for a Lon Holston time I was able to pretty much fend for myself,

313
00:43:13.780 --> 00:43:26.439
Lon Holston: including at a time when I could not find providers, and I called the Mco. Office, and they were able to give me a list of providers for my third surgery, and I thank them for that, and they were very efficient with it.

314
00:43:26.450 --> 00:43:28.570
Lon Holston: If we're talking about

315
00:43:28.620 --> 00:43:29.899
Lon Holston: um

316
00:43:31.160 --> 00:43:33.559
Lon Holston: these guidelines

317
00:43:33.760 --> 00:43:38.139
Lon Holston: we're talking about seeing patients, and how Lon Holston

318
00:43:38.230 --> 00:43:40.179
Lon Holston: they're being seen.

319
00:43:40.460 --> 00:43:58.750
Lon Holston: I spent plenty of time going to my doctors in physical therapy. So, I went three times a week for eighteen months, and at one point I had to have my wife, since I couldn't drive for ninety days. Have her drive me to these physical therapies, and to the doctor visits

320
00:43:58.760 --> 00:44:16.930
Lon Holston: it isn't easy on an injured worker trying to make all these appointments. Now I do understand that things are a little different now. Post Covid, and that there are issues trying to schedule and trying to make things happen. But these hard needs

321

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00:44:16.940 --> 00:44:21.090
Lon Holston: are not necessarily what I what I would call productive.

322
00:44:21.960 --> 00:44:23.140
Lon Holston: So

323
00:44:24.500 --> 00:44:29.779
Lon Holston: if we talk about what the real issue is

324
00:44:30.040 --> 00:44:36.979
Lon Holston: my mind. There's a pretty small pool of folks who are difficult to deal with, and

325
00:44:38.230 --> 00:44:39.370
Lon Holston: you know,

326
00:44:39.390 --> 00:44:42.409
Lon Holston: they said, and I heard the term also

327
00:44:42.920 --> 00:44:58.870
Lon Holston: dodging doctors or doctor dodging, and I don't think that it's productive for us to loop all of the workers who are trying to get back to work and be productive with their employers into that same little pool.

328
00:44:59.190 --> 00:45:06.409
Lon Holston: And if I'm the insurance industry and I'm looking at a house billed four thousand one hundred and thirty-eight

329
00:45:06.600 --> 00:45:12.050
Lon Holston: ensures they ensure against risk of injury.

330
00:45:12.610 --> 00:45:19.139
Lon Holston: Premium rates are set on that exposure of rips, and if we are to believe the Ncci report.

331
00:45:19.350 --> 00:45:32.100
Lon Holston: Then there is a certain amount of exposure that I know would give Insurers Harper, I mean if you've got that forty five-day,

look back. That's got to be pretty scary when your premium rates were set.

332
00:45:32.360 --> 00:45:40.910
Lon Holston: Now you have the look back, and they're not included. That risk is not included in this, and I see it as a real issue.

333
00:45:40.940 --> 00:45:49.080
Lon Holston: So, there I have seen proposals for punitive measures, and that would lump all workers in the same pool. But if the

334
00:45:49.090 --> 00:46:02.290
Lon Holston: potential exposure of the insurance providers is that high? Maybe we should mitigate this exposure through other means. I would propose, we look at solutions that include incentives and motivation.

335
00:46:03.140 --> 00:46:15.779
Lon Holston: The incentives and motivation go hand in hand, and some of the solutions to be looked at could include modified job offers for meaningful employment with employers that are approved by the physician.

336
00:46:15.790 --> 00:46:29.999
Lon Holston: Appointments with the physician could be scheduled before the injured worker leaves the physician's office, and I agree there with Dr. Bowman. It was very effective in his office to make sure that we had the appointment we needed

337
00:46:30.100 --> 00:46:49.709
Lon Holston: and diagnostic and physical therapy appointments could be made directly from the doctor's office with those particular providers which ensures that the doctor, the injured worker, and the and the physical therapists are all on the same page when it comes to appointments.

338
00:46:50.030 --> 00:47:18.130
Lon Holston: Third and lastly, I would say, and I would just throw this out there that there should be some kind of compensation for completed position appointment. Now I know there's something out there rolling your eyes. But please hear me out. Most of us have cell phones these days, and the cell phones is a calendar that we normally

schedule things. To make sure we don't miss appointment. When my employment is made with a position it's complete on that handheld device.

339
00:47:18.360 --> 00:47:29.629
Lon Holston: When I was in the appointment I was handed a slip of paper to give to Dr. Bowman's desk staff for scheduling appointments and physical therapy at that point. It's all on the same page.

340
00:47:29.890 --> 00:47:39.260
Lon Holston: It was simple, then, to see what the doctor wanted, and when he wanted to see me again, and how many physical appointments I needed to complete per week.

341
00:47:40.880 --> 00:47:52.500
Lon Holston: A quick phone call to the physical therapy office would then fill in the blank for the visits, and at this point the physician's office and the engine worker have the appointment schedules in hand.

342
00:47:52.570 --> 00:48:02.699
Lon Holston: Compensation for completed positions or appointments could would not happen on the Dr. Bowman's end, but could accumulate over time,

343
00:48:03.200 --> 00:48:20.329
Lon Holston: and a certain dollar amount attached to each doctor Visit would then become payable after medically stationary. This would serve as an incentive and motivation, especially for folks who are language challenged.

344
00:48:20.340 --> 00:48:34.559
Lon Holston: Or maybe they are getting a little sloppy, or they're a low wage worker. This would all be incentives to say, Gee whiz! Go to the doctor's appointment, get treated, get yourself back in shape and get back on the job

345
00:48:34.980 --> 00:48:43.679
Lon Holston: so, you can mitigate your exposure with smaller dollar amounts to be able to control your costs with the compensation proposal.

346
00:48:43.720 --> 00:48:50.010
Lon Holston: This would create knowledge for the injured worker in the system, especially those who are challenged.

347
00:48:50.120 --> 00:48:51.339
Lon Holston: So

348
00:48:51.610 --> 00:49:04.620
Lon Holston: the lastly, the approved like duty positions speak for themselves. These could be fashioned in numerous ways, and I'm. Sure, employers have creative ways of making sure that there is meaningful employment

349
00:49:04.940 --> 00:49:08.930
Lon Holston: for these workers to help them move their business forward.

350
00:49:09.360 --> 00:49:13.190
Lon Holston: Know? This is a tough question. But I when I

351
00:49:13.230 --> 00:49:31.620
Lon Holston: looked at that particular house, Bill, it certainly set my alarm bells off also, even representing engine workers. There's an exposure out there that nobody counted on. And now it's here, so to speak, and I see some of this

352
00:49:31.630 --> 00:49:49.729
Lon Holston: on time, loss and limiting every thirty days. I know that was just thrown out. There is, is problematic. So, I would think that or what I would like to see is some kind of incentive program, if that is something the committee would

353
00:49:50.200 --> 00:49:51.679
Lon Holston: take a look at.

354
00:49:51.800 --> 00:49:56.849
Lon Holston: I'm. Open for any questions if somebody would have one out there.

355

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00:49:59.360 --> 00:50:03.250
Lon Holston: I thought so. Thank you for having me today.

356
00:50:03.720 --> 00:50:05.029
Matt Calzia, ONA: Thank you

357
00:50:05.550 --> 00:50:17.000
Matt Calzia, ONA: down. This is mad. You actually you did perk my interests around the incentive, and I'd be interested to hear from. Maybe some of the physicians in today.

358
00:50:17.100 --> 00:50:26.680
Matt Calzia, ONA: I did a brief literature review on patient compliance and within chronic illness, so I do want to be cautious not to extrapolate that to injured workers. But

359
00:50:26.790 --> 00:50:41.630
Matt Calzia, ONA: there was a fair amount of literature out there that supports incentivizing compliance with like chronic illness, antibiotic therapies to prevent the you know, creating resistant microorganisms.

360
00:50:41.640 --> 00:50:58.889
Matt Calzia, ONA: Um, and it wasn't all just financial. There were social supports as Lon Holston mentioned, just getting to the appointments and things like that and building those structures. So, I'm curious with the physicians who are experts in word Comp. If there's any, if you're aware of any studies, or any kind of

361
00:50:59.000 --> 00:51:09.549
Matt Calzia, ONA: consideration for that that incentivizing the continuation or that continuity of care, and also be mindful of your all time as physicians. And if you have to go

362
00:51:09.560 --> 00:51:11.070
get it. So, thank you.

363
00:51:13.030 --> 00:51:19.949
Dr. Bowman: Yeah. I'm not aware of any literature on that specifically

364

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00:51:20.190 --> 00:51:22.329
Dr. Bowman: an orthopedic, I mean, there's

365
00:51:23.400 --> 00:51:24.549
Dr. Bowman: um

366
00:51:25.870 --> 00:51:31.400
Dr. Bowman: literature on rehab from certain procedures and certain diagnosis.

367
00:51:32.310 --> 00:51:33.430
Dr. Bowman: But

368
00:51:35.130 --> 00:51:37.180
Dr. Bowman: I'm not sure how that would be.

369
00:51:42.870 --> 00:51:44.080
Matt Calzia, ONA: Thank you.

370
00:51:52.400 --> 00:51:55.500
Theresa Van Winkle: Any other questions for Lawn or Dr. Bowman.

371
00:51:58.590 --> 00:51:59.640
Okay,

372
00:52:00.420 --> 00:52:03.189
Lon Holston: Thank you to both of you for taking out from schedule

373
00:52:03.200 --> 00:52:05.319
Theresa Van Winkle: as Lon Holston. Do you have anything that detail said?

374
00:52:05.740 --> 00:52:07.979
Lon Holston: Thank you very much for having me.

375
00:52:08.490 --> 00:52:10.990
Dr. Bowman: Thank you for having me, too. Thank you.

376
00:52:11.740 --> 00:52:12.979
Matt Calzia, ONA: You.

377
00:52:15.350 --> 00:52:28.900
Theresa Van Winkle: Okay. I'm: looking through the various squares of zoom to see if there's any other providers or stakeholders that wanted to provide input. Some carry over from our blast meeting.

378
00:52:29.330 --> 00:52:33.709
Theresa Van Winkle: If so, please raise your hand or

379
00:52:39.810 --> 00:52:42.899
Theresa Van Winkle: so. We have our minute second or so.

380
00:52:42.980 --> 00:52:45.669
Theresa Van Winkle: I don't see anything, anyone.

381
00:52:48.030 --> 00:52:51.490
Theresa Van Winkle: I'm also going to check my email, just to be sure, in case there is somebody that have

382
00:52:51.500 --> 00:52:53.839
Theresa Van Winkle: No, we don't have anything there, either.

383
00:52:57.140 --> 00:53:03.189
Theresa Van Winkle: So, do we. Um, I'm! Turning to Matt. Sarah, do we want to go to committee discussion next?

384
00:53:07.360 --> 00:53:34.009
Sara Duckwall: So, um, I believe we're waiting on some research, finding. I'm just kind of checking in on seeing when we feel that we can get them. That's a good question. Um, I know that I know what I've moved off since already, for today I will check with Staff to see that I guess Another question to both of you and I can check with the co-chairs as well, is now that we've had, you know, different, you know, two meetings with

385
00:53:34.020 --> 00:53:49.829

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Theresa Van Winkle: folks um in the various communities for writers, and such that my doctor and myself. Our next steps are to kind of synthesize what we've, what's been, what's been mentioned. Um, also from the first meeting the different issues, obstacles, items that have

386
00:53:49.840 --> 00:54:01.769
Theresa Van Winkle: that that that came up as well to kind of just put them into buckets, and just kind of put everything into like one resource for both of you to look at, and also the um the other, and black members as well on that

387
00:54:01.780 --> 00:54:14.510
Theresa Van Winkle: um. My question to both of you event service. So, for example, with the um Mco. For MCO groups we've heard directly from two of the four. Should Would you like me to

388
00:54:14.520 --> 00:54:22.560
Theresa Van Winkle: I do another stat, the right round of asking these questions to have them in writing, so that you have information from all four

389
00:54:22.770 --> 00:54:24.639
Theresa Van Winkle: or um MCOs

390
00:54:24.830 --> 00:54:26.459
Theresa Van Winkle: for your deliberation.

391
00:54:30.440 --> 00:54:33.549
Matt Calzia, ONA: You know there may be benefits to that. Um,

392
00:54:33.630 --> 00:54:37.439
Matt Calzia, ONA: I think just to see, because I think now we've kind of heard that

393
00:54:37.790 --> 00:54:43.889
Matt Calzia, ONA: maybe a little bit different from the two that we've heard from. So, you know, that would be in support of that.

394
00:54:43.900 --> 00:54:44.790

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Theresa Van Winkle: Okay,

395
00:54:47.090 --> 00:55:08.310
Theresa Van Winkle: that works Um. Another thing that I thought to you from um originally from this this morning's conversation. Um is also uh looking at um. The comparison, because I know there's mention of whether we have to ten Am. Co. Practice, or if it's on statute or in um, the we see the administrative role kind of clarifying that, and having that on you know the resource document as well. So, what what's currently

396
00:55:08.690 --> 00:55:14.489
Theresa Van Winkle: require, what is what is important is to be a rule and what is practice? Just thinking,

397
00:55:14.500 --> 00:55:17.390
Theresa Van Winkle: building a plane, as says I'm flying it, I guess,

398
00:55:17.400 --> 00:55:19.189
Theresa Van Winkle: in regards to what this document would look like,

399
00:55:19.200 --> 00:55:23.589
Matt Calzia, ONA: and so that would delineate. This is

400
00:55:23.600 --> 00:55:27.089
Matt Calzia, ONA: and this is like a specific to just that agency.

401
00:55:27.100 --> 00:55:43.230
Theresa Van Winkle: Yeah, yeah. And then like specifically Um, MCOs like, if there's particular like in you know, as information is put together. And compare what's you know what's called the commonalities between all four and what you know things like that What differentiates so that way they can help you to in deliberations

402
00:55:43.240 --> 00:55:57.550
Theresa Van Winkle: there. I'm also guessing that there would likely also be a need for current counts of different provider groups. For example, the number of physician assistants, um broken outs.

403
00:55:57.700 --> 00:56:05.889

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Theresa Van Winkle: Also, I think nurse practitioners were mentioned, probably other. The other, like the type. A type of positions, I guess, would probably be the most useful, I would guess. And there's practitioners.

404
00:56:05.900 --> 00:56:16.369
Matt Calzia, ONA: Don't think that was necessarily in our scope. Yeah, right? So, I don't know, Sarah. You agree that we weren't set out to analyze the

405
00:56:17.010 --> 00:56:20.499
Matt Calzia, ONA: that part of who is going to be declared

406
00:56:20.830 --> 00:56:27.049
Matt Calzia, ONA: type A and whatnot feels like that would be kind of outside of the scope of the subcommittee. I'm not.

407
00:56:27.060 --> 00:56:37.189
Sara Duckwall: I agree, And, Matt, we're going to talk about if we had time to. Maybe I'm going to pull it up. Review our problem statement to make sure we're covering everything.

408
00:56:37.200 --> 00:56:38.399
Matt Calzia, ONA: Yes,

409
00:56:42.480 --> 00:56:45.919
Sara Duckwall: So, I’m going to personally pull it up. Okay,

410
00:56:47.350 --> 00:56:52.910
Theresa Van Winkle: and I will put it in the I will put the charge in the chat as well for those

411
00:56:53.900 --> 00:56:55.369
Theresa Van Winkle: for all of us

412
00:56:55.580 --> 00:57:07.079
Sara Duckwall: in terms of research. Theresa. I heard Dr. Bowman say that they were going to look at it, but maybe you could follow up with on outcomes

413
00:57:07.120 --> 00:57:11.419
Sara Duckwall: when a worker regularly sees a provider.

414
00:57:13.250 --> 00:57:16.220
Sara Duckwall: So, I would add that in addition to

415
00:57:17.260 --> 00:57:20.320
Sara Duckwall: you know, Aka best practices. What?

416
00:57:20.330 --> 00:57:21.109
Theresa Van Winkle: Okay?

417
00:57:21.400 --> 00:57:23.519
Sara Duckwall: What they're finding out there.

418
00:57:32.020 --> 00:57:49.069
Sara Duckwall: I agree with Matt. The type A. And type E. Providers is not in our scope, but I'm reading it when workers who are off work for unmodified work, maintain regular treatment with their attending position. They have more successful outcomes for their rehabilitation, return to work.

419
00:57:49.440 --> 00:58:01.999
Sara Duckwall: But when a worker in their attendant position are not maintaining regular contact or treatment. Rehabilitation or return to work can be delayed, while workers sees time and loss benefits. The purpose of the subcommittees to explore solutions

420
00:58:02.010 --> 00:58:09.810
Sara Duckwall: that all workers are able to remain connected with their provider and minimize gaps or delays and treatment when they're off work or return to modified work.

421
00:58:12.470 --> 00:58:13.509
Theresa Van Winkle: Okay.

422
00:58:16.920 --> 00:58:25.790
Sara Duckwall: So, I propose that we meet when we can have our answers to the research questions and what other States are doing.

423
00:58:25.800 --> 00:58:26.660
Theresa Van Winkle: Okay.

424
00:58:26.890 --> 00:58:31.189
Sara Duckwall: So, I think that's on your Teresa when you feel that that I don't mean it that way.

425
00:58:31.200 --> 00:58:39.160
Sara Duckwall: No, I know what you mean just when you feel that that that timeline can be raised that makes it,

426
00:58:40.500 --> 00:58:55.990
Sara Duckwall: and that might be a time for any lingering testimony. I know we haven't heard from the small business. Um, But's office or any businesses might want to weigh in at some point and see what the impact is on them.

427
00:58:56.000 --> 00:59:11.750
Theresa Van Winkle: Yeah, no, that makes sense. And that was my thoughts, too, of getting everything synthesized into one resource, and seeing what gaps of information both of you need um for me to do, follow up on the various Organizations. Or, again, what with the with, with, with Providence and Kaiser, for example,

428
00:59:12.940 --> 00:59:28.839
Theresa Van Winkle: on that and um so um I’m guessing, and I will. This um, of course. My, the first question i'll I'll ask um. The department staff that's tasked with the various um research aspects is that our next the next meeting, for the full committee is on us

429
00:59:28.850 --> 00:59:39.490
Theresa Van Winkle: is on October twentieth, and so that is in the in the Treasures document. That that's the its status report, or the next opportunity for established part of the sector.

430
00:59:39.500 --> 00:59:47.599
Sara Duckwall: Right? So, I don't I will. Guys are like to me prior to that. So, we have something to report, and I think Matt's on the same page with

431
00:59:47.840 --> 00:59:52.950
Sara Duckwall: that one. That so if we could find a timeframe,

432
00:59:52.990 --> 00:59:56.510
Sara Duckwall: even um mid-October

433
00:59:56.770 --> 00:59:58.189
Sara Duckwall: would be helpful.

434
00:59:58.200 --> 00:59:59.020
Theresa Van Winkle: Okay,

435
00:59:59.680 --> 01:00:06.419
Theresa Van Winkle: we will work on that and get that out as quickly. Spot. We'll run by both of you, of course, before we can publish them,

436
01:00:06.920 --> 01:00:10.490
Sara Duckwall: get the agenda finalized and get sent out on that.

437
01:00:10.500 --> 01:00:26.509
Theresa Van Winkle: Um, I think. Another thing, too, is that there may be some also some subsequent information from the stakeholders that may possibly come up on the twentieth. I've not had a chance to talk to The Co-chairs yet when I my thought it's either going to be the October or November meeting. It will be the Kickoff for

438
01:00:26.520 --> 01:00:38.090
Theresa Van Winkle: um Stakeholders, and this includes WCD. To talk about their Concept, their legislative Concepts for the two thousand and twenty-three session. So, there may be some information that can be bleed from that as well, just from the from people's presentations.

439
01:00:38.100 --> 01:00:41.100
Theresa Van Winkle: Not that I would seek such, but there might be some information.

440
01:00:41.110 --> 01:00:49.640
Sara Duckwall: But Theresa, we're charged with having a full recommendation at the November the tenth meeting. Yes, so.

441
01:00:52.840 --> 01:00:58.179
Theresa Van Winkle: Yes, so I'm under the presumption that we that it is a task of myself and staff to get as much

442
01:00:58.300 --> 01:00:59.990
Theresa Van Winkle: done as far as research

443
01:01:00.000 --> 01:01:03.190
Theresa Van Winkle: for a first review before.

444
01:01:07.670 --> 01:01:09.830
Theresa Van Winkle: So really, I yeah, really to

445
01:01:10.230 --> 01:01:12.279
mid October the thousand latest.

446
01:01:13.500 --> 01:01:16.990
Matt Calzia, ONA: Yeah, that sounds okay. Sounds appropriate to me.

447
01:01:17.000 --> 01:01:23.690
Sara Duckwall: I mean, I like the Synthesis document. I think that'll be helpful to put it all in

448
01:01:23.700 --> 01:01:25.939
Sara Duckwall: in one format so we can,

449
01:01:25.950 --> 01:01:28.090
Sara Duckwall: and I will then find the gaps, too.

450
01:01:28.100 --> 01:01:34.300
Theresa Van Winkle: Yeah, and i'll do a skeleton. So, to make sure for both of you that I'm on the right track in regards to how you want it to look, and what's

451
01:01:35.520 --> 01:01:46.289
Theresa Van Winkle: well, that because I again I my goal, and this is just for myself. I like things at which they're laid out, and not so

in-depth, and you know you have to read something with like a nine point, you know. But it my magnifying glass because i'll,

452
01:01:46.300 --> 01:01:47.589
Theresa Van Winkle: there's so much there

453
01:01:47.600 --> 01:01:48.620
Theresa Van Winkle: it's so

454
01:01:50.000 --> 01:01:51.629
Theresa Van Winkle: we will see balance there.

455
01:01:52.740 --> 01:01:53.839
Okay.

456
01:01:53.990 --> 01:02:09.980
Theresa Van Winkle: And I think if there's anything else, I think I got a couple of emails that may I may forward to what we do in regards to other thoughts on and information to obtain, although I think some of it may actually be more long term versus short-term. For example, that Dr. Lawlor's um

457
01:02:10.040 --> 01:02:14.450
Theresa Van Winkle: thought of a survey of provider groups That may be more of a long-term

458
01:02:15.020 --> 01:02:18.990
Matt Calzia, ONA: that's something to kick back to. Mac is what?

459
01:02:19.000 --> 01:02:20.090
Matt Calzia, ONA: Yeah, That's you.

460
01:02:20.100 --> 01:02:27.759
Matt Calzia, ONA: Yeah, there's other ways of doing it. So yeah, I mean, it could be something that's mentioned that can be a part of the thoughts of the subcommittee's final recommendations. But

461
01:02:28.740 --> 01:02:31.790

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Theresa Van Winkle: I'm not sure if it can be completed in time for to meet the November.

462
01:02:31.800 --> 01:02:39.390
Sara Duckwall: No, nor is it in our scope. I think that's a larger systemic recommendation that is out of our scope,

463
01:02:39.400 --> 01:02:44.590
Theresa Van Winkle: agreed. And I think that's one of the things I will do, too, in the in the synthesis is this those ideas, and just

464
01:02:44.690 --> 01:02:47.100
Theresa Van Winkle: thinking about short-term long-term

465
01:02:47.180 --> 01:02:50.390
Theresa Van Winkle: that that sort of stuff as well to keep in mind.

466
01:02:53.840 --> 01:02:59.010
Theresa Van Winkle: I think I've made my to-do list for the next couple of weeks.

467
01:02:59.020 --> 01:03:07.650
Theresa Van Winkle: Is there anything else that both of you need? Um or since we have stakeholders here in the virtual room um to ask questions.

468
01:03:10.840 --> 01:03:13.020
Sara Duckwall: We welcome stakeholder. Input

469
01:03:13.250 --> 01:03:19.529
Sara Duckwall: I'm: speaking for myself about for Matt as well. So, we definitely want to hear from you.

470
01:03:20.800 --> 01:03:21.799
David Barenberg: Um,

471
01:03:23.150 --> 01:03:35.919
David Barenberg: Let's see. Hi! This is Dave Barenberg, and one thing that I know, as mentioned, was doing a literature church

472
01:03:35.930 --> 01:03:43.739
David Barenberg: on the issues of are there Is there information tied to

473
01:03:44.450 --> 01:03:49.149
David Barenberg: connections to care with recovery. And you,

474
01:03:49.180 --> 01:04:00.489
David Barenberg: I don't know if that's something that should be undertaken, or something that might be on the list of ah data that you might want to take a look at and um to be researched.

475
01:04:03.610 --> 01:04:09.569
Sara Duckwall: I'm sorry, David, you're suggesting that that you would like us to take it.

476
01:04:09.670 --> 01:04:25.159
David Barenberg: Yeah, or I don't know if the division or someone, or I mean, we can also take a look, but it just seems like that might be useful for doing a literature. Search to see if there's any data that can. Ah regarding um that issue,

477
01:04:26.760 --> 01:04:28.689
Matt Calzia, ONA: and I’m. I'm on quick. But it.

478
01:04:28.700 --> 01:04:32.079
Matt Calzia, ONA: Did Dr. Bowman say that he was going to?

479
01:04:32.180 --> 01:04:34.840
Matt Calzia, ONA: I'm looking at that with somebody.

480
01:04:35.270 --> 01:04:40.130
Sara Duckwall: So maybe just to follow up to make sure that that that gets

481
01:04:40.300 --> 01:04:49.790

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Sara Duckwall: it doesn't fall off, or someone does it if it if they can't do it, someone undertakes it, because I believe that is helpful information for us at this subcommittee level.

482
01:04:49.800 --> 01:04:56.860
Theresa Van Winkle: Yes, and I believe Dr. Bowman did charge that with Max Staff. So, it is on their list. The Mac Staff is here is here, here in the room.

483
01:04:57.770 --> 01:04:58.799
Okay,

484
01:04:58.810 --> 01:04:59.910
David Barenberg: Thank you.

485
01:05:04.590 --> 01:05:08.550
Theresa Van Winkle: Anyone else want to provide Inputs

486
01:05:16.640 --> 01:05:27.190
Theresa Van Winkle: that. That's everything. Um. Again, to those in the audience. We will. Um we're. We're quickly on getting the next stage scheduled, and um, and it's published about via Gov delivery.

487
01:05:27.200 --> 01:05:45.129
Theresa Van Winkle: In the meantime, if there's any questions in you at single G. We have about the subcommittee Um, in the last-minute input that you want to provide for the resource document, please feel free to reach out to me That' be very helpful, and with back, I think, Matt. So, if there's anything else I think we've been for the day.

488
01:05:45.140 --> 01:05:47.990
Sara Duckwall: Just thank you very much. We appreciate everyone,

489
01:05:48.000 --> 01:05:49.490
Sara Duckwall: time and efforts

490
01:05:49.500 --> 01:05:52.859
Sara Duckwall: energy into this subcommittee.

491

01:05:52.910 --> 01:05:54.790
Matt Calzia, ONA: Yep. Thank you very much.

492
01:05:54.800 --> 01:05:58.080
Jennifer Flood / Oregon Ombuds: Thanks. Everybody. Have a good day, Bye, bye,