

WORKERS' COMPENSATION
MANAGEMENT-LABOR ADVISORY COMMITTEE
Access To Care Subcommittee Committee Meeting

July 11, 2025
9:00 a.m.– 11:00 a.m.

Committee members present via zoom:

Emily Cronan, Oregon Nurses Association
Kim Schlessinger, Samaritan Health Services

Staff:

Teri Watson, MLAC Committee Administrator
Baaba Ampah, MLAC Assistant

Agenda Item	Discussion
Opening	
(00:00:00)	Teri Watson introduced Katie Bruns, new WCD Deputy Administrator. Co-chair Emily Cronan called the meeting to order.
	Review the Scope Statement and Objectives
(00:01:00)	Co-chair Cronan presented an updated Scope Statement and Objectives . She noted it includes a more clear objectives based on previous discussion.
	Provider Feedback – Dr. Joan Takacs and Joy , Takacs Clinic
(00:04:45)	Dr. Takacs explained that she is a Physiatrist with extensive experience in workers' compensation, private practice, and many other qualifications. She expressed concerns in the workers' compensation system:
(00:10:24)	<ul style="list-style-type: none">• It is unfair and unsustainable• Delay in care due to filing worker' compensations' claim and no access to primary care physicians• Occupational medicine is not residency, but a business model• Abuse exists on all sides and goes unchecked• Panels are small and outdated• Workers' compensations' claim acceptance status are delayed, so provider takes a gamble to see if they will get paid
(00:18:41)	<ul style="list-style-type: none">• Some of the urgent care are mills that overtreats some injuries, some injured workers reach their limit of care and are dumped out of the system.• Delay communication causes moral fatigue in physicians• Lack of care severs the relationship between employer and employee• Panels are company-driven with less self-employed physicians• Suggested changes such as reopening panels to any willing provider, and hold them accountable when there is abuse to the system• Insurances selling policies where the need cannot be met

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- The system has been falling apart since covid with lack of communication with claims adjusters
 - Approval requests for referrals are delayed and often not accepted by physicians

- (00:25:42) Joy, billing manager for Dr. Takacs clinic , echoed Dr. Takacs, expressing difficulty getting in contact with claims adjusters, which has been exasperated since Covid. She expressed frustration at the additional responsibility for her administrative team being responsible for continuing to report unresponsive claims adjusters.
- (00:29:52) Dr. Takacs shared the challenges in communicating with adjusters, including repeated failed communication and being responsible for educating the claims adjusters. She also expressed that the system has become bogged down with billing, as many services as possible rather than the quality and effectiveness of care. She suggested changes such as claims examiners and regulatory staff experiencing the workers' compensation system first hand as a patient, a change in temporary credentials, and allowing injured workers to have access to previous providers.
- (00:36:53) Co-chair Schlessinger asked Dr. Takacs about her opinion of SAIF's HB 3374. Dr. Takacs expressed mixed feelings about SAIF becoming an Managed Care Organization (MCO), claiming that as things become too big they get corrupt. She mentioned that SAIF should not be managed care for all their plans, and if SAIF becomes an MCO, they will need serious checks and balances. Dr. Takacs exemplified CareMark as a great former MCO due to their checks and balances.
- (00:42:41) Co-chair Cronan asked what is a meaningful metric for caring for an individual in a system. Dr. Takacs answered that a meaningful metric would be the effect of the treatment, and not the complaint, such as better range of motion, better strength and so many more. She encouraged stopping treatment that do not work by determining how much more an injured worker is able to do as treatment goes on. Dr. Takacs suggested reviewing how Colorado approaches their workers' compensation system. She also suggested developing criteria for an injury and the typical return to work period.
- (00:49:23) Thais Lomax, Sedgwick, recognized Dr. Takacs and Joy's frustrations, mentioning that there is also frustration with the state's process for a patient enrolled in an MCO versus a patient that is not. She noted that doctors, injured workers, and claims adjusters are all frustrated with the system. Thais Lomax mentioned that examiners in the state are barred by law from directing care, which makes directing and accessing care overly complex on multiple levels. She suggested simplifying the process to access care quickly.
- (00:52:02) Dr. Takacs noted that other insurers do not work in the way Thais Lomax described, and suggested reviewing legal abilities of insurers. She asked Thais
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Lomax what can be done to fix it, and if Sedgwick is insuring more people that they are able to handle. Thais Lomax clarified that Sedgwick is not an insurer, but rather a Third Party Administrator who handles the second largest workers' compensation group of claims in Oregon. She noted that Sedgwick does not have too many in their plan to manage, but there is examiner burnout and it takes time to train. Thais Lomax continued that simplifying the system will be best.

- (00:54:52) Keith Semple, OTLA, showed his appreciation for Dr. Takacs comment. He expressed disappointment with the large conglomerate health system that refuse to allow mi-level providers to have anything to do with workers' compensation claims as it seems to funnel claims to occupational health. He noted that to solve this issues, they must look into the executives of the large conglomerate health systems, and not create an MCO. Before creating another MCO, what is the barrier to providers? What has been done to recreate providers? Keith Semple echoed Dr. Takacs about lack of communication from insurer and claims adjusters. He also showed disappointment in second biggest handler of claims in Oregon insurance market cannot pre-authorize because they can't direct care. Keith went on that the whole system obligates the insure to tell the doctor what it will and will not cover. The doctors cannot provide care on a wing and a prayer, every time they submit a bill. He concluded that the system is getting worse.
- (01:02:07) Keith asked Dr. Takacs if she manages the workers' compensation system by hoping that she might get paid. Dr. Takacs responded that she is a private clinic and can choose who she treats for free, which should be her choice and not the insurance's. Dr Takacs clinic does not accept Medicare. She noted that workers pay in cash, when they do not have coverage for a certain treatment. Sometimes her practice loses money due to the lack of coverage.
- (01:04:23) Keith Semple suggested two solutions: 1) Deadlines and timelines for responses to preauthorization requests; and 2) General email or fax number to every adjuster that providers can contact. If adjusters do not respond back, the bill might be defaulted with automatic approval of payment requests with exceptions. Thais Lomax responded that is how Sedgwick treats such claims. The system is broken on all sides and needs to be simplified, the communication, the assurance to the doctor, ease for the insurers and TPA's, that will help get injured workers whole and back to work.
- (01:08:14) Dr. Takacs responded to Keith Semple suggestion that the longer a claim is stalled, the less treatments are paid for. She shared her experience with delayed precertification requests. She later clarified Teri Watson's question that the issue is because of the MCO process.
- (01:12:28) **Data report on providers in Oregon and Q&A**
Kelli Borushko, Senior Economist, and Rafael Robles, Lead Analyst, presented [Oregon Workers' Compensation Medical Care Landscape](#).
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- (01:43:00) Kelli Borushko and Rafael Robles will be available for questions regarding the presentation in future meetings. Teri Watson will provide their contact information to the co-chairs.
- (01:43:31) **Public Comment - Stakeholder Feedback***
Co-chair Cronan expressed her appreciation for the today's discussion.
- (01:45:17) Another provider, a nurse practitioner from southern Oregon, will present at the July 25th meeting.
- (01:46:34) Elaine Schooler, SAIF, expressed her appreciation for the discussion and suggested outreach to occupational health clinics to better understand their role and participation in the system for better discussions and solutions. Co-chair Schlessinger added that the regulation about not directing injured workers to care could be one of the pinch points to be addressed.
- (01:49:15) Joy mentioned that it is great to work with everyone in this virtual meeting space and she is very appreciative of their work.
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- (01:50:23) Co-chair Cronan adjourned the meeting at 10:50 a.m.

*These minutes include time stamps from the meeting video found here:

<https://youtu.be/cchVNNg-FvY>

**Referenced documents can be found on the MLAC Meeting Information page here:

<https://www.oregon.gov/DCBS/mlac/Pages/access-to-care-subcommittee.aspx>