

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

August 08, 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 (00:00:07)	Co-chair Emily Cronan called the meeting to order and shared an affirmation.
	Provider Feedback
	Kim Clark Area Practice MGR Dr Kathryn Hughes St. Alphonsus Medical Group Occupational Medicine
(00:01:04)	Kim Clark introduced herself and explained that St. Alphonsus Medical Group Occupational Medicine, founded in 1979, is currently led by interim director Dr. Kathryn Hughes and operates several clinics in Idaho, as well as Baker City, Oregon.
(00:03:09)	Kim Clark shared that on average, her group has about 15 years of experiences with some long-standing providers having over 30 years of experience in occupational medicine. Injury rates varies, but the average is about 80 percent of service line and 20 percent is physical around employment.
(00:03:45)	Barriers to care: <ul style="list-style-type: none">- Paperwork adds significant administrative burden for support staff but is not a barrier to patient care.- Some insurers and adjusters are responsive and easy to work with, while others required providers to chase them for communication.- Suggested insurers provide a list of available providers in the general area as part of onboarding process to employers.- Alleviated communication issues within St. Alphonsus by regular outreach: medical director communicates weekly with other service lines and operations meeting bi-weekly with all service line managers and directors to discuss open cases, referrals, delays in appointment and other barriers.

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- (00:07:25) Co-chair Cronan asked if insurers can direct care in Idaho. Kim Clark answered that in Idaho, employers have the right to direct care, and insurance companies partner with health systems to provide instructions for injured workers, leading to directing care quicker and better outcomes.
- (00:08:31) Kim Clark shared that providers noted confusion in navigating insurer versus MCO requirements, saying MCOs can sometimes be beneficial but at other times adds an extra layer of complication, and there needs to be clarity around what information goes to each.
- (00:07:54) Kim Clark also noted that providers felt that injured workers could be seen quicker and should have better outcomes if the MCOs and insurers worked closely in Oregon. She exampled the three legged stool in Idaho, where every stakeholder is equal and seems to have a better circle of communication. Although unsure about the barriers in Oregon, Kim Clark noted that there is a different linkage in Oregon as opposed to Idaho.
- (00:10:43) Kim Clark shared that Providers in St. Alphonsus have frequent communication around workers' compensation issues:
- Monthly group to discuss cases, specifically complex cases.
 - Regular meeting with providers and operations to discuss cases, processes and policies.
 - Bi-weekly leadership meetings within the health system discussing policies, processes and continuity of care.
 - Monthly per-to-peer chart review (10 charts per provider by physicians, physician assistants (ATPs) and nurse practitioners, plus 15 by the medical director) to ensure documentation, causation, and to learn from each other.
 - Monthly one-on one supervision between ATPs and supervising physicians to discuss cases and performance
 - Daily real time chat and huddles for real-time case updates.
- (00:12:46) In relations to all these meetings, Co-chair Cronan asked when instances where providers within St. Alphonsus are co-treating an injured worker who does not fall within their health system. If so, does the discussion extend to service lines or providers outside their health system? Kim Clark answered that when patients are referred outside the network, communication happens through peer-to-peer contact between physicians. This is usually before the referrals and are on-going in tandem around restrictions and modifications. However, system-wide discussions do not extend to outside providers since those meetings involve real patients information.
- (00:14:41) Kim Clark shared that all support staff are trained in workers' compensation with Idaho staff completing the state's workers' compensation cases' and Oregon staff trained in Oregon workers' compensation system.
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- (00:15:53) Kim Clark shared that when workers' compensation issues arise in Idaho, they contact the Idaho Industrial Commission, which provides ombudsman services and advisors to help patients, and are by employers when they lack workers' compensation knowledge.
- (00:16:50) Kim Clark shared that there were mixed provider responses when asked if removing barriers would change the number of injured workers in their practice. Most said removing barriers would not change volumes since workers' compensation is already their focus, but some felt it would allow patients to be seen faster, improve outcomes, and reduce litigation.
- (00:18:06) Kim Clark shared that providers felt strongly about Independent Medical Examinations (IMEs), noting that IMEs in Oregon are far more frequent than Idaho, which they viewed as a barrier. She also noted that Oregon's vocational rehab program was highlighted as a great program, providing injured workers with resources such as GED completion and retraining, which Idaho's program lacks.
- (00:21:07) Thais Lomax, Sedwick, commented about IMEs noting that Idaho allows utilization reviews when Oregon does not have such option. She noted that it won't be a bad idea for Oregon to consider at utilization reviews.
- (00:22:58) Teri Watson asked when an injured worker is hurt in Baker City, Oregon, are they treated in Boise, Idaho or Bend, Oregon. Kim Clark answered that it depends on injuries, St. Alphonsus started a program where they have satellite clinics in Baker City. If the injury is not too complex, the patient will be seen acutely in St. Alphonsus, urgent care or emergency departments, and following up with doctors. There are limited resources when specialists are involved, so patients will go to Boise, Idaho, Bend, or Portland, Oregon.
- Public Comment - Stakeholder Feedback**
- (00:25:46) Teri provided feedback from Stan Fields, WCD MCO Specialist, who mentioned that Providence MCO has been permitted to amend and certify their plan to allow nurse practitioners and physician assistants to provide care beyond 180 days.
- (00:26:50) Ann Klein provided a follow up regarding the last meeting with Audrey Duke, who experienced limitations specifically with diagnostic and physical therapy. Ann reviewed physical therapy or diagnostic facilities in Coos Bay/North Bend area and found a single sole proprietor physical therapist that was not in network with the MCO. She also found a diagnostic facility for MRIs in a satellite facility associated with a northern California health system. Ann Klien noted that this demonstrates workers' compensation limitations are driven by community challenges experienced by other areas of care.
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- (00:28:38) Ann Klein confirmed Co-chair Cronan's questions that available providers outside of network includes other health systems such as Kaiser Permanente.
- (00:30:06) Teri Watson announced that next meeting, August 22, there will be a medical surgeon that will present.
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- (00:30:30) Co-chair Cronan adjourned the meeting at 9:31 a.m.

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

<https://www.youtube.com/watch?v=TO0br26FNDo&feature=youtu.be>

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

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