

June 14, 2019

## Management Labor Advisory Committee for Workers Compensation

Chairs, Members of the Committee, my name is Lon Holston, and I speak today for myself and as an injured worker.

As the committee, you have the opportunity to take deep dives into subjects of Worker's Compensation and advise the legislature of the correct course of action regarding legislation. As committee members, you represent and are the co-owners of the worker's compensation system, employers, and workers.

The challenges and opportunities you face will be the tug and pull of stakeholders who will come to you with their perspectives. Some of these perspectives will be focusing through the lens of cost of treatment. While we should be concerned, cost should not be the focus of the system as much as the delivery of quality care. It should be in everybody's best interest to treat injured workers shorten recovery time getting them back to work as soon as possible. It will be up to you to weigh the testimony and produce a good quality end product for the owners of Oregon's worker's compensation system.

I am sure that the MCO's bring value to the Workers Compensation System but I am equally sure there is room for improvement. As a member of two MCO's, the value that they bring is continuity of care between providers.

As an injured worker, I must trust my medical provider and attending physician to have my best interests at heart. I rely on the attending physician to manage my healthcare and get me back to work as soon as possible. There are several challenges that should be addressed regarding good quality care and the overseeing role of MCO's.

Interaction between the attending physician or medical provider and an MCO can take up quite a bit of time away from the provider's practice. I believe this is an area that needs to be addressed as compensation for time lost from their practice.

Another challenge is the approval and referral process. It is my firm belief that approvals for treatment, diagnostics, and medical devices take way too long. As for post surgery devices, the appeals process is not timely for an injured worker who receives a device denial and may be on the operating table 2 or three days. The injured worker follow-up and appeal suffers in this timeline. With such a short timeline after denial your surgery is over, and you are trying to recover without the medical device. MCO panels should consist of the same scope of practice as the attending physician.

MCO's conduct peer reviews and can sanction medical providers within their MCO. MCO panels should consist of the same scope of practice of the physician they are peer reviewing. The challenge is how to balance quality medical care, denial of treatment, and medical appliances without increasing treatment and physical therapy periods. The amount of treatment, treatment duration, diagnostics, medical appliances and physical therapy should be governed by the attending physician not by outside sources such as the insurance industry or MCO's.

Another challenge, how do you balance ORS.677.95, ORS.473B.405 and good quality treatment. Treatment standards are set in statute along with contractual statutes between medical providers and their MCO's.

Another focus or challenge for the committee would be to analyze how MCO's make their money. An audit should be conducted regarding payments from insurance companies and their relationship with MCO's, approval and denial ratios of medical treatment, medical appliances, number of peer reviews and sanctions.

As an injured worker I have a direct relationship with my medical provider and expect them to put my needs first rather than the MCO's, insurers or employer's needs.

My goal as an injured worker was always to get better as soon as I possibly could and get back to work and conduct my duties that the employer hired me to provide.

I'm open to any questions you may have.

Sincerely,

Lon Holston