

**MLAC Subcommittee on Worker Continuation of Care
08/25/2022 Meeting**

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WEBVTT

1

00:00:02.610 --> 00:00:16.590

Theresa Van Winkle: Good afternoon, everybody, thank you for being here today on to this is the first meeting for the Subcommittee on the worker continuation of care, it is Thursday August 25 2020 second at 1pm meeting start time.

2

00:00:17.640 --> 00:00:25.890

Theresa Van Winkle: Before I turn it over to Matt and Sara who graciously are the official Members on the subcommittee all that we do have other Members here.

3

00:00:26.520 --> 00:00:36.450

Theresa Van Winkle: I just wanted to do a couple of housekeeping guidelines for today on this for those who don't know me I'm Theresa van winkle I am the administrator for MLAC.

4

00:00:37.440 --> 00:00:45.780

Theresa Van Winkle: As indicated on the agenda, which, if you don't have in front of you in the chat is a link to that and a memo from the Co-chairs about the subcommittee.

5

00:00:46.560 --> 00:00:55.200

Theresa Van Winkle: The meeting will be in a round table format everybody who is here at the meeting has an opportunity to speak, if you do want to be in the in the queue.

6

00:00:55.560 --> 00:01:03.780

Theresa Van Winkle: Please raise your hand with the raise hand feature, or if that is disabled or you're having technical glitches please indicate you want to speak.

7

00:01:04.380 --> 00:01:21.930

Theresa Van Winkle: In the chat if you're pissed participating by phone, please let me know via sending me a text and my cell number is 9716004 or 595 and my contact information is also on the main web page which you can see from the link in the.

8

00:01:23.520 --> 00:01:25.260

Theresa Van Winkle: Actually, don't have that so never mind on that.

9

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00:01:26.520 --> 00:01:37.080

Theresa Van Winkle: As indicated begin the meeting with this this meeting is being recorded all chats also are considered public record and are downloaded upon the meetings conclusion so just to get that off the board.

10

00:01:38.130 --> 00:01:44.790

Theresa Van Winkle: So, I think that's all I have on my end, so I will turn it over to matt and Sara and we'll start with introductions and go from there.

11

00:01:48.210 --> 00:01:54.000

Sara Duckwall: Okay, I answered a call I am the management representative that is appointed to the subcommittee.

12

00:01:55.800 --> 00:02:00.870

Matt Calzia (he/him): Thanks Matt Calzia I'm the Labor representative appointed to the subcommittee.

13

00:02:04.410 --> 00:02:13.320

Theresa Van Winkle: And I'll go through the admin like Members that I do know that are here and then we'll turn it over to the rest of the other participants here, so I will start with john.

14

00:02:23.550 --> 00:02:24.810

Sara Duckwall: We can't hear you john.

15

00:02:34.770 --> 00:02:35.070

Theresa Van Winkle: I'm.

16

00:02:37.680 --> 00:02:40.470

Theresa Van Winkle: Good you can hear us john okay.

17

00:02:44.340 --> 00:02:53.970

Theresa Van Winkle: All right, we'll move on, so john McKenzie management Member up Okay, thank you we'll figure it out on our end if there's anything going on with you with your connection I will turn it to Margaret.

18

00:02:55.230 --> 00:02:56.160

Margaret Weddell: Thanks to the welcome.

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19

00:02:58.140 --> 00:02:58.770

Theresa Van Winkle: And Scott.

20

00:03:02.040 --> 00:03:04.800

Scott Strickland (he/him) SMART 16: Thank you everyone Scott Strickland here by video.

21

00:03:06.150 --> 00:03:10.650

Theresa Van Winkle: And Andrew Stolfi is also participating as well.

22

00:03:11.760 --> 00:03:15.000

Theresa Van Winkle: On that, I actually I will then turn it over to.

23

00:03:17.010 --> 00:03:21.990

Theresa Van Winkle: See I'm looking here at the squares, making sure that I'll turn it over to Elaine.

24

00:03:22.890 --> 00:03:25.410

Theresa Van Winkle: For safe will introduce the group from safe.

25

00:03:26.310 --> 00:03:30.000

Elaine Schooler: hi yes elaine schooler a trial attorney from SAIF Corporation.

26

00:03:33.390 --> 00:03:35.250

Theresa Van Winkle: And is there anybody else from SAIF okay Kevin.

27

00:03:36.990 --> 00:03:38.430

Kevin Barrett -SAIF: hi Kevin Barrett from SAIF.

28

00:03:38.880 --> 00:03:42.360

Theresa Van Winkle: Okay, and from the Trial Lawyers association.

29

00:03:43.530 --> 00:03:45.810

Rod Ewing: I'm Rod Ewing and I'm with Travelers.

30

00:03:49.740 --> 00:03:51.930

Keith Semple: I'm Keith Semple, Oregon trial lawyers association.

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31

00:03:52.140 --> 00:03:52.560

Nike.

32

00:03:54.960 --> 00:03:57.450

Jovanna Patrick: Jovanna Patrick with Oregon trial lawyer's association.

33

00:03:57.780 --> 00:03:59.250

Theresa Van Winkle: hi Jovanna hi.

34

00:04:02.610 --> 00:04:07.170

Theresa Van Winkle: Okay they'll turn over to each DCBS a staff will start with Sally.

35

00:04:11.430 --> 00:04:12.690

Theresa Van Winkle: Unless I call Sally off guard.

36

00:04:17.670 --> 00:04:21.180

Sally Coen, Oregon WCD: My apologies slow on the on the clicking there.

37

00:04:21.330 --> 00:04:22.830

Theresa Van Winkle: Well, I kind of surprised you so.

38

00:04:24.090 --> 00:04:29.070

Sally Coen, Oregon WCD: Sally Cohen administrator of the workers, compensation division it's great to have everyone here today, thank you.

39

00:04:31.200 --> 00:04:34.110

Theresa Van Winkle: I was told I care I don't need a call her but Cara Filsinger is here as well.

40

00:04:35.190 --> 00:04:37.140

Theresa Van Winkle: From WCD. Next is Jennifer.

41

00:04:42.090 --> 00:04:43.920

Jennifer Flood / Oregon Ombuds: I have no idea if it came on or not.

42

00:04:44.130 --> 00:04:46.710

Jennifer Flood / Oregon Ombuds: hi Jennifer Flood Ombud for Oregon workers.

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43

00:04:47.100 --> 00:04:47.670

Theresa Van Winkle: Here.

44

00:04:48.090 --> 00:04:52.650

Theresa Van Winkle: Okay, we see you. Hi. We see Maria is here as well

45

00:04:55.860 --> 00:04:58.740

Jennifer Flood / Oregon Ombuds: Maria Vanegas and Jaylee Ladd Mosgrove also from our office

46

00:04:59.820 --> 00:05:00.270

Theresa Van Winkle: Hello.

47

00:05:02.550 --> 00:05:03.480

Theresa Van Winkle: let's see.

48

00:05:06.030 --> 00:05:06.540

Theresa Van Winkle: Okay.

49

00:05:08.400 --> 00:05:15.480

Theresa Van Winkle: and actually, before I turn it over there, so date be remembered from safe is also here apologies any glitches on our end for getting you into the meeting.

50

00:05:16.620 --> 00:05:18.900

Theresa Van Winkle: I think he's still connecting but he is here.

51

00:05:21.750 --> 00:05:22.260

Theresa Van Winkle: let's see.

52

00:05:23.280 --> 00:05:25.080

Theresa Van Winkle: unintentionally is also hear from SAIF.

53

00:05:28.650 --> 00:05:29.490

Theresa Van Winkle: Dave can you hear us.

54

00:05:33.810 --> 00:05:34.200

Theresa Van Winkle: Maybe.

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55

00:05:51.510 --> 00:05:53.070

Theresa Van Winkle: just making sure Dave is connected.

56

00:05:53.610 --> 00:05:55.200

Theresa Van Winkle: yeah okay you're okay.

57

00:05:56.760 --> 00:05:58.920

Theresa Van Winkle: Okay, so to turn over to the method to the.

58

00:06:00.450 --> 00:06:14.370

Theresa Van Winkle: madness, or do we want to go through and introduce everybody here in the room, or is there anybody here that's was planning on speaking doing like some in regards to the scope of the committee any ideas before we fully kick off the Roundtable portion of the meeting.

59

00:06:16.800 --> 00:06:18.180

Sara Duckwall: Teresa this is Sara.

60

00:06:18.420 --> 00:06:29.100

Sara Duckwall: And I think we were hoping to just go through the charge of the continuation of care and make sure we all have a clear understanding of our scope.

61

00:06:29.460 --> 00:06:32.130

Sara Duckwall: So, to make sure we stay within the scope.

62

00:06:32.220 --> 00:06:33.810

Theresa Van Winkle: In this okay.

63

00:06:34.800 --> 00:06:50.250

Theresa Van Winkle: So, um so for those in the audience of one of them being the materials is a memo from the black co-chairs that was issued on August 17 which outlines the which formally establishes the subcommittee and within the memo is the charge which I'll read verbatim.

64

00:06:51.000 --> 00:06:56.310

Theresa Van Winkle: charge this upcoming the subcommittee is charged with resuming discussions related to house bill 4138.

65

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00:06:56.610 --> 00:07:03.630

Theresa Van Winkle: From the 2022 legislative session, as well as agreed, when the full committee recommended to support the legislation in February 2022.

66

00:07:04.680 --> 00:07:13.470

Theresa Van Winkle: When workers who are off work or modified work maintain regular treatment with their attending physician, they have more successful outcomes, with their rehabilitation and return to work.

67

00:07:14.010 --> 00:07:18.030

Theresa Van Winkle: When a worker and they're attending physician are not maintaining regular contact or treatment.

68

00:07:18.510 --> 00:07:22.710

Theresa Van Winkle: Rehabilitation or return to work can be delayed, while a worker receives time off benefits.

69

00:07:23.100 --> 00:07:33.600

Theresa Van Winkle: The purpose of the subcommittee is to explore solutions so that all workers are able to remain connected with their provider and minimize gaps or delays and treatment when they are off work or return to modify to work.

70

00:07:34.950 --> 00:07:40.140

Theresa Van Winkle: The committee's today is and there's a typo on the memo today is the 25th, which is the first date of the meeting.

71

00:07:40.860 --> 00:08:00.030

Theresa Van Winkle: So, amongst the other key dates and deadlines have been established the subcommittee is report to the full committee on our standing meeting dates of September 22 and October 20 with the current tax deadline of November 10 2022 for final subcommittee recommendation to the full committee.

72

00:08:02.310 --> 00:08:13.170

Theresa Van Winkle: And then in regards to the schedule those subcommittee other meeting dates are to be determined, but we are targeting the next meeting date to be on the morning of Friday September 16.

73

00:08:21.870 --> 00:08:29.460

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Sara Duckwall: Thank you Teresa it's nice to hear that verbatim and again, we look forward to continuing the conversation.

74

00:08:30.090 --> 00:08:48.060

Sara Duckwall: Related to House bill 4138 that we agreed upon in full to support the legislation and February 20 1122, and so this is an exciting time for from nine to be part of this discussion, so thank you very much for that.

75

00:08:50.670 --> 00:09:08.130

Matt Calzia (he/him): They pick an add on the other guidance for us move that documents with the scope of the subcommittee recommendations to be limited to the solutions that can be achieved within the workers COMP system, including proposed law changes administrative rules and other prophets.

76

00:09:09.600 --> 00:09:11.400

Matt Calzia (he/him): Oh yeah, I'm excited to get to work on.

77

00:09:12.450 --> 00:09:20.430

Theresa Van Winkle: And I could play appropriate for me to also mentioned that in in if other topics are outside the scope of the subcommittee do arise during conversations.

78

00:09:20.730 --> 00:09:31.230

Theresa Van Winkle: It is that a committee of the department's commitment to address those outsides of the subcommittee and so when, as those arise, we will work with the committee and with the individual stakeholders on that.

79

00:09:35.910 --> 00:09:47.040

Theresa Van Winkle: So, with that let's see I will turn it over to the two primary parties that are the catalyst for the subcommittee Ola and safe.

80

00:09:48.270 --> 00:09:54.810

Theresa Van Winkle: So, I'm not sure who would want to begin discussing the portion of a link go ahead, go for.

81

00:09:55.770 --> 00:10:07.140

Elaine Schooler: Sure, I'm happy to kick things off on healing school, on behalf of safe and I want to clarify to this isn't just a safe issue um you know this discussion actually goes as far back as.

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82

00:10:09.120 --> 00:10:19.500

Elaine Schooler: quite some time ago, when there were a series of time loss issues that were being raised by the trial lawyers and from that flowed many discussions over the course of.

83

00:10:21.990 --> 00:10:26.340

Elaine Schooler: with stakeholders from both sides, it wasn't limited to safe, there are other.

84

00:10:27.600 --> 00:10:42.510

Elaine Schooler: Defense attorneys and employer representatives participating and engaged in time loss related discussions ultimately that resulted in house bill 4138 which made several changes in the area of time loss, as well as some other.

85

00:10:43.620 --> 00:10:49.140

Elaine Schooler: sections of benefits such as overpayments and disability and what's with the.

86

00:10:49.170 --> 00:11:02.940

Elaine Schooler: Time loss two of the big changes were notice requirements being placed on ensures before there were an end time loss benefits as well as an extension of the time period for retroactive benefits.

87

00:11:04.080 --> 00:11:06.750

Elaine Schooler: From 14 days to 45 days.

88

00:11:07.110 --> 00:11:22.680

Elaine Schooler: And part of those discussions over the course of those several years was this continuation of care in the arena of time loss benefits and ensuring workers are remaining connected with their providers throughout the course of their recovery when.

89

00:11:24.120 --> 00:11:35.520

Elaine Schooler: We came to the conclusion of house bill 4138 and putting forth our support for those changes and the agreement was reached that we would revisit the continuation of care peace.

90

00:11:36.000 --> 00:11:46.200

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Elaine Schooler: That commitment was reinforced by the legislature and also from the black members to pick up where those discussions left off, and so, here we are today.

91

00:11:46.980 --> 00:11:56.250

Elaine Schooler: I thought it might be helpful to just have a very brief refresher on time loss of timelessness compensation paid to workers when they're unable to return to work due to their injury.

92

00:11:56.970 --> 00:12:12.870

Elaine Schooler: The supports the workers during the course of their recovery, so that eventually they can return to the workforce and restoring workers physically economically to that self-sufficient status and an expeditious manner that's really one of the goals it's actually in.

93

00:12:14.520 --> 00:12:24.780

Elaine Schooler: or a 65612 it's a charge enumerated by the legislature that you know that's something that we're meant to work towards now is time loss.

94

00:12:25.320 --> 00:12:33.240

Elaine Schooler: There are two types of it, we have temporary total disability, I mean so worker is taking completely off work as a result of their injury.

95

00:12:33.840 --> 00:12:41.700

Elaine Schooler: While they're recovering so they're not doing work of any kind, and during that that period of time last benefits would be paid to that worker.

96

00:12:42.420 --> 00:12:52.260

Elaine Schooler: there's also temporary partial disability where worker is given some type of work restrictions as it relates to their regular job those could be physical.

97

00:12:52.920 --> 00:13:02.910

Elaine Schooler: or hourly or combination of the two pieces and if an employer can accommodate those restrictions, then no time loss would be do.

98

00:13:03.420 --> 00:13:17.850

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Elaine Schooler: And if they cannot or they can only accommodate a portion temporary disability benefits would continue to be paid out relative to any wages, they were earning and, if not earned then, at the same amount as the temporary total disability.

99

00:13:19.140 --> 00:13:28.020

Elaine Schooler: Now for time loss benefits to flow to the worker, they must be authorized by an attending physician and that authorization.

100

00:13:29.130 --> 00:13:37.830

Elaine Schooler: may or may not have an end date attending physicians are not required by statute or rule to include an end date on their authorization.

101

00:13:39.330 --> 00:13:43.440

Elaine Schooler: And that when there is no end date we call that an open-ended release.

102

00:13:44.670 --> 00:13:53.640

Elaine Schooler: Now, when workers are receiving timeless benefits here, the goal is that they are recovering from their injury and a problem can arise and we see it in our in our.

103

00:13:54.420 --> 00:14:06.450

Elaine Schooler: cases and claims when workers are unable to maintain regular contact with their attending physician, while receiving these benefits and when there are gaps in care or contact with the provider.

104

00:14:07.110 --> 00:14:16.350

Elaine Schooler: The workers, progress is not monitored eat a treatment can be delayed work restrictions may no longer be appropriate if the worker is having trouble performing the modified duties.

105

00:14:16.800 --> 00:14:34.950

Elaine Schooler: Or the modified releases no longer needed because there has been an improvement, our goal for all of us is to help workers recover from their injuries and be able to return to the workforce, ensuring workers remain engaged with their provider is really critical to their recovery.

106

00:14:36.270 --> 00:14:48.720

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Elaine Schooler: and setting some clear guidelines and expectations for both workers and providers remove ambiguity and confusion as to their role as the two most important participants in that recovery process.

107

00:14:50.100 --> 00:14:58.410

Elaine Schooler: I was part of our discussions with the trial lawyers, the concept of regular and timely contact with providers when time loss is authorized.

108

00:14:58.980 --> 00:15:10.410

Elaine Schooler: In the arena of open-ended releases was brought forward to the medical Advisory Committee we call that MAC excuse me MAC is comprised of providers from different specialties.

109

00:15:11.070 --> 00:15:17.820

Elaine Schooler: who operate within the workers compensation system and those providers typically meet on a quarterly schedule.

110

00:15:18.480 --> 00:15:24.960

Elaine Schooler: To discuss medical trends and other issues within their purview as it relates to workers compensation and worker care.

111

00:15:25.950 --> 00:15:37.260

Elaine Schooler: At that informal meeting and discussion the consensus was that open-ended timeless authorizations were not a good idea, and in fact some other providers were surprised that that even existed in the system.

112

00:15:38.250 --> 00:15:49.620

Elaine Schooler: The consensus was that regular contact between the worker and their provider was a necessary piece of that recovery and when without clear expectations, there can be breakdowns in that process.

113

00:15:51.450 --> 00:16:01.110

Elaine Schooler: We would encourage the subcommittee to reach out to MAC and engage with them on this issue, as well as others who operate within this realm such as a managed care organization.

114

00:16:01.770 --> 00:16:08.580

Elaine Schooler: Ultimately, we want workers to have access to benefits receive timely treatment for their injury and returned to the workforce.

115

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00:16:09.450 --> 00:16:15.210

Elaine Schooler: We maintain that regular contact and treatment with their provider is the best method to achieve this goal.

116

00:16:16.050 --> 00:16:30.180

Elaine Schooler: I'm happy to answer questions the Co-chairs may have an appreciate the opportunity to present today, I know there are others who are also engaged and involved with our discussions with the trial lawyers who may have additional comments or thoughts to share to on this topic.

117

00:16:31.350 --> 00:16:31.830

Elaine Schooler: Thank you.

118

00:16:40.560 --> 00:16:44.820

Theresa Van Winkle: Thanks Elaine um so I'll turn it over to OTLA before opening up for others to.

119

00:16:46.050 --> 00:16:46.680

Theresa Van Winkle: speak as well.

120

00:16:53.310 --> 00:17:04.650

Jovanna Patrick: Yes, thank you I'm his family cool so I'm Jovanna Patrick I am a worker's compensation attorney representing workers, I am the co-chair of less workers compensation section.

121

00:17:08.040 --> 00:17:15.840

Jovanna Patrick: So, I think we, you know, we need to acknowledge that there are practical real problems with getting into medical care in this postcode world that we live.

122

00:17:17.400 --> 00:17:24.510

Jovanna Patrick: The solution is not to force more appointments on workers and on doctors when the doctors might not have the capacity.

123

00:17:25.230 --> 00:17:36.810

Jovanna Patrick: This kind of goes to the last line that was mentioned in the charge and that you know, this might not be something that we can fix within the workers compensation system, the greater problem has access to medical doctors.

124

00:17:37.710 --> 00:17:42.630

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Jovanna Patrick: Now these proposals are about Dr dodging which, in my experience is extremely rare.

125

00:17:43.200 --> 00:17:50.310

Jovanna Patrick: The proposed solution puts all workers and their families at risk of losing their benefits after 30 days benefits that they're.

126

00:17:50.550 --> 00:17:58.680

Jovanna Patrick: Otherwise, entitled to an accepting claim, regardless of how hard they try to comply, regardless of whether they go to all of their scheduled appointment.

127

00:17:59.430 --> 00:18:08.790

Jovanna Patrick: This hard rule day 30 you're out of luck makes no sense when we're talking about accepted claims workers who, who are entitled to these benefits under the Rules.

128

00:18:10.080 --> 00:18:17.160

Jovanna Patrick: This puts the workers at odds with their providers and providers staff, and I can create greater problems and greater issues actually getting that care.

129

00:18:17.820 --> 00:18:24.840

Jovanna Patrick: So, we're putting workers in the position of demanding that their doctors, give them a new restriction on day 30 on pain of losing their benefits.

130

00:18:25.230 --> 00:18:31.050

Jovanna Patrick: is likely going to cause more doctors to get out of the COMP system because again it's Another requirement.

131

00:18:31.350 --> 00:18:41.310

Jovanna Patrick: Another thing that doesn't make sense, with their practice that they're being required to do, because this is the work and injured worker and may also cause doctors to dump patients who are being too demanding.

132

00:18:42.780 --> 00:18:52.740

Jovanna Patrick: It shouldn't fall on a compliant worker if the doctor takes a vacation or is otherwise I'm available or otherwise believes that it's not medically necessary to see the claim it within a specific 30 days.

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133

00:18:53.700 --> 00:19:07.770

Jovanna Patrick: There are reasonable causes for missing appointments even the medical advisory committee agreed that there should be exceptions for good cause, as there are in many areas of the Statute that already give them the ensures the tools they need to deal with Dr dodgy.

134

00:19:09.150 --> 00:19:18.090

Jovanna Patrick: So, you know we have to look at why are we punishing the worker here, you know who are the gatekeepers in getting into medical treatment and getting into light duty.

135

00:19:19.110 --> 00:19:25.140

Jovanna Patrick: Number One is the doctors, they can decide they do decide how often to see the workers they scheduled the appointment.

136

00:19:25.920 --> 00:19:36.540

Jovanna Patrick: And there's the insurance has a ton of tools that they can use to get claimants back to work I'm going to list those there's or a 656262 section for.

137

00:19:37.260 --> 00:19:46.290

Jovanna Patrick: subsection D would be you know if practitioners cannot verify the workers and ability to work ensures can top stop timeless.

138

00:19:46.530 --> 00:19:54.180

Jovanna Patrick: Sub subsection D there can be a suspension if the worker misses a rescheduled appointment after already missing another appointment subsection F.

139

00:19:54.780 --> 00:20:01.800

Jovanna Patrick: of insurance can withhold medical payments to the doctors until they provide information on the inability to work.

140

00:20:02.520 --> 00:20:10.800

Jovanna Patrick: has also 656 to 681 see that's the bug letter we've talked about if you haven't been in treatment for over 30 days.

141

00:20:11.100 --> 00:20:19.740

Jovanna Patrick: And sure, can send you a bug letter saying get to treat within 14 days or tell us that you're better, that is a huge incentive, a huge kick to the worker to get reengage.

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142

00:20:20.250 --> 00:20:24.720

Jovanna Patrick: perfectly acceptable option, and if the worker doesn't ensure can close the claim.

143

00:20:25.320 --> 00:20:35.520

Jovanna Patrick: As also 656 point three to five, which provides that if the worker is engaging in sanitary processes that are delaying their treatment their benefits can be suspended.

144

00:20:36.390 --> 00:20:42.120

Jovanna Patrick: And most importantly, is the bonafide job offer there's nothing preventing an employer at any point from.

145

00:20:42.720 --> 00:20:50.430

Jovanna Patrick: Creating a bonafide modifying the job having the doctor approve it, it could be sitting watching training videos it does not have to be something physical.

146

00:20:50.850 --> 00:21:01.260

Jovanna Patrick: Basically, any worker could do a job that any employer could create for them and then they get that approved by the doctor they offer to the worker and the worker has some severe penalties if they don't accept it.

147

00:21:01.920 --> 00:21:09.270

Jovanna Patrick: So, these are all tools that the insurance company already has existing tools to help workers engage with their treatment.

148

00:21:09.750 --> 00:21:10.920

Jovanna Patrick: gatekeepers the docker.

149

00:21:11.280 --> 00:21:21.870

Jovanna Patrick: and ensures instead what we're doing here with this what we would be doing with this legislation would be punishing the workers, rather than incentivizing them to get into treatment.

150

00:21:22.920 --> 00:21:32.490

Jovanna Patrick: management's concept seems to think that the Doc that workers are not going to their doctors, and this is the reason they're not being released or return to light duty.

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151

00:21:32.940 --> 00:21:42.240

Jovanna Patrick: there's a lot of other factors that go into this, for some reason there's this thought that all workers are somehow savvy enough to game, the system and dodge their doctors to extend their time off of work.

152

00:21:42.870 --> 00:21:51.840

Jovanna Patrick: there's been no showing of this and, in my experience, it is completely the opposite every week, even this morning I get calls handfuls of clients, a week, who call me and distress.

153

00:21:52.560 --> 00:21:58.560

Jovanna Patrick: and see their doctors they're calling for appointments they want to see their doctors, Dr can't get them on the schedule doctor can't talk to them.

154

00:21:59.670 --> 00:22:08.190

Jovanna Patrick: It happens all the time and so to put the pressure on the workers to do this when they're not the gatekeepers is fundamentally unfair.

155

00:22:09.150 --> 00:22:14.130

Jovanna Patrick: And doesn't mean that the worker is not engaged with their treat you know I have.

156

00:22:14.760 --> 00:22:21.690

Jovanna Patrick: And I'm when I'm talking about light duty, you know so many of my workers tell me my employer told me I couldn't come back and less than 100%.

157

00:22:22.110 --> 00:22:30.450

Jovanna Patrick: My employer was getting me light duty, while my I was accepted, but now I have this new denial partial denial now, they say, well, we don't provide it to the client.

158

00:22:30.960 --> 00:22:37.200

Jovanna Patrick: I've had employers say you can't go to physical therapy or too busy you need to schedule all your appointments at the end of the month.

159

00:22:37.620 --> 00:22:43.020

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Jovanna Patrick: there's lots of things that stand in the way of workers, getting back to light duty and getting into treatment and this.

160

00:22:43.350 --> 00:22:54.150

Jovanna Patrick: You know, demand that workers come hell or high water find a way to see their doctor every 30 days is not the solution to this problem also point out that workers are not paid.

161

00:22:55.380 --> 00:23:03.510

Jovanna Patrick: time off benefits when they miss appointment when they miss work for appointments someone's on modified duty and they have to leave work to go to an appointment.

162

00:23:04.170 --> 00:23:08.730

Jovanna Patrick: That work they have to use their sick time if they have any left or it's an unpaid accident.

163

00:23:09.120 --> 00:23:13.380

Jovanna Patrick: You don't know how many of my workers, especially people in the construction industry or people who go out.

164

00:23:13.710 --> 00:23:23.280

Jovanna Patrick: and work at a job sites their employees tell them if you have an appointment don't bother coming in at all that day because, by the time you get back I don't know where will be you can't come back.

165

00:23:23.910 --> 00:23:30.540

Jovanna Patrick: Now his work has missed a whole day of wages, because they had to get to that medical appointment that no one is paying for.

166

00:23:30.900 --> 00:23:38.220

Jovanna Patrick: These are all serious problems that we need to talk about when we talk about worker engagement and all these problems are not because of.

167

00:23:38.760 --> 00:23:48.030

Jovanna Patrick: Workers dodging their doctors, I had a current worker just recently, he had surgery, you know, for an accepted condition post-surgery his doctor was on vacation.

168

00:23:48.480 --> 00:23:57.150

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Jovanna Patrick: didn't run the work note 10 right him post-surgical medication client had his finger cut open it had no posters or medication office just a sorry doctor out of town.

169

00:23:57.780 --> 00:24:03.780

Jovanna Patrick: You know, and I was able to pay the insurance company to pay him temporary disability during that time.

170

00:24:04.080 --> 00:24:08.280

Jovanna Patrick: But I had to beg them to do that and that's an injured worker who would not have been able to pay his rent.

171

00:24:08.640 --> 00:24:14.730

Jovanna Patrick: Because his doctor was out of town, these are the kind of results that will be extrapolated if we put this hard deadline on it.

172

00:24:15.390 --> 00:24:19.260

Jovanna Patrick: there's also the question of rescinded notices of closure, I had a client who.

173

00:24:20.100 --> 00:24:28.740

Jovanna Patrick: Her claim was closed it got reopen so she needed to re-engage with the doctor, this was an April, I called the doctor's office for her she's a Spanish speaker she can't communicate directly.

174

00:24:29.130 --> 00:24:38.190

Jovanna Patrick: And the doctor said June two months later, was the earliest appointment they had available on an accepted claim it's interesting that this was a doctor who was on the math board.

175

00:24:38.580 --> 00:24:44.730

Jovanna Patrick: Who said that 30 days should be enough, he couldn't see my client on an accepted open claim for more than 60.

176

00:24:45.690 --> 00:24:55.830

Jovanna Patrick: These sorts of things happen all the time I'll also point out that you know the MCO enrollment then if workers and rolled in the MC Oh, they have 14 days to switch doctors.

177

00:24:56.250 --> 00:25:02.580

Jovanna Patrick: You know the WCD and their modernization project and bar committees are talking about this deadline saying it's too short.

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178

00:25:02.910 --> 00:25:15.420

Jovanna Patrick: Because I had a current client recently was engaging them so we call them CEO and ask them to schedule the appointment two months it took two months, and I have an injured worker who's not getting treatment not getting released to work.

179

00:25:16.320 --> 00:25:25.530

Jovanna Patrick: not moving forward in his claim not getting paid because the doctors couldn't see him again nothing to do with his engagement he spent hours and hours calling doctors.

180

00:25:26.370 --> 00:25:33.060

Jovanna Patrick: also point out there was some discussion about technology in our Subcommittee groups about how you know we could just do a TV.

181

00:25:33.990 --> 00:25:37.770

Jovanna Patrick: set an appointment again those all have to be scheduled and.

182

00:25:38.280 --> 00:25:44.610

Jovanna Patrick: That is a real problem for workers who did not have access to technology or do not speak English as their primary language.

183

00:25:44.820 --> 00:25:50.160

Jovanna Patrick: About half of my clients are Spanish speaking, and I can tell you, most of them don't have email addresses, most of them could not do a zoom call.

184

00:25:50.340 --> 00:25:55.500

Jovanna Patrick: Most of them cannot call their doctor directly to schedule an appointment they rely on interpreters or family or help.

185

00:25:55.740 --> 00:26:05.190

Jovanna Patrick: So, this sort of role would disproportionately affect people who do not speak English and people who have lower means maybe don't have Internet computers or access in those weights.

186

00:26:06.300 --> 00:26:13.980

Jovanna Patrick: So, when we had the discussions around house bill 4138 We certainly agreed to discuss the.

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187

00:26:14.790 --> 00:26:23.910

Jovanna Patrick: continue to discuss workers engagement with care and that's what we're doing, we think that it is important in our minds engagement and access are two sides of the same coin.

188

00:26:24.420 --> 00:26:36.840

Jovanna Patrick: You cannot have engagement without access, I was a worker supposed to have engaged with their attending physician if the attending physician is out of town when they need these work restrictions, if the attending physician takes two months' vacation like happened in my case.

189

00:26:38.910 --> 00:26:47.340

Jovanna Patrick: If the employer is not allowing them to take time off or they have to choose between paying their bills and being able to work or going to that medical appointment.

190

00:26:48.450 --> 00:26:59.760

Jovanna Patrick: What happens when the API simply says, I don't need to see you back for 60 days or after you finished physical therapy or after the MRI those things should not fall on the worker on an accepted claim to lose their benefits.

191

00:27:01.020 --> 00:27:12.180

Jovanna Patrick: Those the insurance I'm not enunciated why this is such a large problem, but it justifies changing the statue for everyone, including the vast majority of workers who are fully engaged with their treatment and go to all their scheduled appointment.

192

00:27:12.960 --> 00:27:23.970

Jovanna Patrick: They have not an incentive why their current battery of tools that they have, as I noted, are not sufficient to combat those few workers who might be engaged in some measure of Dr dodgy.

193

00:27:27.420 --> 00:27:36.270

Jovanna Patrick: there's no data to back up that that how many workers, this is happening to what that is costing the system versus what it would cost.

194

00:27:36.600 --> 00:27:48.540

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Jovanna Patrick: The workers in general who are engaged we're going to lose their benefits on day 30 This goes against all of the notice an opportunity to correct that we tried to do and hospital 3041 38.

195

00:27:49.920 --> 00:27:50.970

Jovanna Patrick: You know I have.

196

00:27:52.110 --> 00:27:53.490

Jovanna Patrick: You know, think of the worker who.

197

00:27:54.510 --> 00:28:05.040

Jovanna Patrick: Just had 31st compensable condition parents doctor writes a blog post on do we really want that restriction expiring on day 30 if the doctor felt out of medical necessity that it was 45 days.

198

00:28:05.400 --> 00:28:09.570

Jovanna Patrick: We want workers to just somehow have to know that their end doctors to know that.

199

00:28:10.080 --> 00:28:16.050

Jovanna Patrick: Restrictions expire on day 30 and scrambled to fix it at the risk of not getting paid it just makes no sense.

200

00:28:16.320 --> 00:28:28.530

Jovanna Patrick: last thing we need is to give workers and doctors more paperwork more instructions about how workers COMP is different than reality and somehow assume that they are the ones that can process the claims in that way.

201

00:28:29.160 --> 00:28:29.730

Sara Duckwall: Carolina.

202

00:28:29.880 --> 00:28:31.050

I'm sorry this is Sara.

203

00:28:32.340 --> 00:28:41.580

Sara Duckwall: Can I can interrupt for just one second you keep talking about day 30 and I'm not sure where that's coming from because this up committee was formed to.

204

00:28:42.570 --> 00:28:55.890

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Sara Duckwall: Look at the problems and look for discussions of how to come solution, so I mean if they 30 with something that was done in the past, if we can keep an open mind here and I hear the problems that.

205

00:28:56.340 --> 00:29:08.550

Sara Duckwall: have arisen and I appreciate hearing them but let's work together to come up with a solution because I'm not sure day 30 and what that is really applies to this brand-new subcommittee forums.

206

00:29:09.030 --> 00:29:22.710

Jovanna Patrick: yeah well, thank you, Mr. well I do appreciate that, and you know our prior discussions that was the proposal from the insurance side was that all restrictions expire in 30 days and that's a proposal that they didn't expect discuss with MAC so I was.

207

00:29:22.740 --> 00:29:30.360

Jovanna Patrick: Was focusing on that also mentioned, you know the idea, but thank you I will talk more broadly and I'm almost finished with that, but.

208

00:29:30.390 --> 00:29:36.390

Sara Duckwall: You know I appreciate that and I, you know hearing what the problems are that's a great place to start.

209

00:29:37.170 --> 00:29:38.160

Sara Duckwall: So, thank you for that.

210

00:29:38.880 --> 00:29:49.230

Jovanna Patrick: yeah Thank you and you know just mentioned on open ended work releases it's not usually open ended till the end of time just because it doesn't say 30 days 45 days a specific date.

211

00:29:49.680 --> 00:29:59.400

Jovanna Patrick: Generally open ended is tied to something like the next appointment or after you finished physical therapy or after an MRI so there's a really valid reason to have that.

212

00:29:59.700 --> 00:30:07.620

Jovanna Patrick: And that doesn't mean that the worker is not engaging if the workers finishing because it will there be, and then the doctor wants to see them back that is engagement.

213

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00:30:08.700 --> 00:30:18.270

Jovanna Patrick: And so, it's our position that if worker engagement is a problem of such magnitude that legislation is warranted prevent this supposing Dr dodging.

214

00:30:18.750 --> 00:30:30.030

Jovanna Patrick: The solution should not be so broad as it will affect workers who are already following their doctor's orders regarding their appointments, even if those appointments are scheduled out greater than 3045 days.

215

00:30:31.710 --> 00:30:42.060

Jovanna Patrick: it's our position that ensures already have at their disposal a battery of tools to encourage and then forced workers to engage in their treatment and that those tools are sufficient.

216

00:30:43.650 --> 00:30:48.840

Jovanna Patrick: I haven't heard about why those tools are insufficient, we have what we do know is that workers.

217

00:30:50.070 --> 00:31:01.560

Jovanna Patrick: have difficulty getting into medical treatment for a variety of reasons, and all of the pressures should not be on the worker to get into that treatment given all of the issues that arise, thank you I'm happy to answer any.

218

00:31:13.650 --> 00:31:14.220

Matt Calzia (he/him): you're on mute.

219

00:31:19.830 --> 00:31:30.270

Theresa Van Winkle: Okay sorry about that there was a glitch on my end so I had focus on that and I love the questions to me black Members before I open up the conversation to those in the speaking Q.

220

00:31:33.840 --> 00:31:38.400

Matt Calzia (he/him): I guess, I would ask clarification, if that 30 days I do remember that.

221

00:31:39.690 --> 00:31:44.910

Matt Calzia (he/him): The previous conversations around the open time off if that is.

222

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00:31:46.260 --> 00:31:52.320

Matt Calzia (he/him): Still, something that is being proposed, or are we, starting from a blank slate the NPP found that.

223

00:31:54.180 --> 00:32:03.960

Sara Duckwall: And not just another subcommittee Member, I personally like to start from a blank slate and understand what the problem is and see if we can come up with a solution together.

224

00:32:04.890 --> 00:32:06.300

Matt Calzia (he/him): Thank you, I concur with that.

225

00:32:06.930 --> 00:32:07.800

Sara Duckwall: Great Thank you.

226

00:32:12.510 --> 00:32:15.960

Theresa Van Winkle: Any other questions for Giovanna any line as well, should clarify that.

227

00:32:17.190 --> 00:32:22.710

Theresa Van Winkle: Okay, all right so going to Kevin Anderson you've had his hand raised first and then Kirsten is followed.

228

00:32:26.220 --> 00:32:28.740

Theresa Van Winkle: So, Kevin Anderson are you there.

229

00:32:31.380 --> 00:32:33.030

Kevin Anderson, SBH Legal: Yes, sorry I thought you said Keith.

230

00:32:33.330 --> 00:32:33.630

Theresa Van Winkle: that's.

231

00:32:33.870 --> 00:32:34.200

All right.

232

00:32:35.220 --> 00:32:37.590

Kevin Anderson, SBH Legal: um if it would be helpful.

233

00:32:37.620 --> 00:32:46.230

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Kevin Anderson, SBH Legal: I do have a case that I could kind of walk through as a hypothetical for why the current rules, I don't think are adequate to address all these problems.

234

00:32:47.490 --> 00:32:58.950

Kevin Anderson, SBH Legal: I will try and keep it as a hypothetical but the other attorney who was involved in the case is Keith so he can fill in any clarifying information for me and if needed.

235

00:33:00.090 --> 00:33:01.650

Kevin Anderson, SBH Legal: But this was an accepted case.

236

00:33:02.730 --> 00:33:14.610

Kevin Anderson, SBH Legal: The worker saw his attending in June, the doctor said, you need surgery, but you need to quit smoking and you need to lose 25 pounds.

237

00:33:15.360 --> 00:33:27.210

Kevin Anderson, SBH Legal: Before we can proceed with surgery so come back when that happens, he wrote a light duty work release, I believe it had an end date so it's like 90 days out.

238

00:33:28.920 --> 00:33:41.370

Kevin Anderson, SBH Legal: 90 days come and go, and the worker is back at light duty he's not we don't have any concerns about him doctor shopping or you know, trying to game, the system or anything but he was instructed not to return until.

239

00:33:41.880 --> 00:33:52.950

Kevin Anderson, SBH Legal: He lost a significant amount of weight and quit smoking not easy tasks and I came on to the case in the following march so about nine months later.

240

00:33:54.090 --> 00:34:06.210

Kevin Anderson, SBH Legal: No treatment had been done in the meantime the worker was still on light duty, with the employer, but we were in litigation because of one of the checks going out and.

241

00:34:07.080 --> 00:34:18.960

Kevin Anderson, SBH Legal: To explain why the current rules don't really address the situation, the as we refer to them the bug letter that says you haven't treated in 1930 area in 30 days or will close your claim.

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242

00:34:19.950 --> 00:34:28.980

Kevin Anderson, SBH Legal: This case, but the doctor provided an excuse for why the worker doesn't need to come back in 30 days it was I don't need to see you until these two conditions have been met.

243

00:34:30.000 --> 00:34:43.350

Kevin Anderson, SBH Legal: So, I can't send them a letter and say you know it's been nine months tell us what's going on with your treatment or we're going to close your claim I could reach out to the workers attorney and ask them those questions, but I can't force anything to happen on the on the claim.

244

00:34:45.000 --> 00:34:55.080

Kevin Anderson, SBH Legal: There is an indeed to the time loss authorization, so this isn't a true open ended one but, as I said, the employer didn't have any questions about this worker.

245

00:34:56.940 --> 00:35:02.610

Kevin Anderson, SBH Legal: Being on light duty they had just kind of got lost in the system, and so we couldn't send the letters to the doctor saying.

246

00:35:03.030 --> 00:35:11.520

Kevin Anderson, SBH Legal: You know, can you verify the need for the work release or the objective basis for it, or anything like that, so the current tools we had.

247

00:35:12.240 --> 00:35:20.940

Kevin Anderson, SBH Legal: basically, left this worker in limbo, the claim was open we didn't have any options really to close it.

248

00:35:21.450 --> 00:35:26.970

Kevin Anderson, SBH Legal: and similar cases I might have called the doctor and said hey this guy hasn't been back in 90 days can.

249

00:35:27.420 --> 00:35:33.420

Kevin Anderson, SBH Legal: You know, do you think you do declare and stationary or do you want to schedule another appointment or what's going on.

250

00:35:34.110 --> 00:35:47.460

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Kevin Anderson, SBH Legal: But we were able to work out a different resolution on this case, but that is one of the examples for why the current options that are out there, writing to the attending or sending notices to the worker just might not be enough.

251

00:35:48.480 --> 00:35:59.790

Kevin Anderson, SBH Legal: And if there are stronger rules about getting the worker back in to seeing the attendant on a regular basis, you know that's something that might not have to get referred out to litigation so.

252

00:36:01.530 --> 00:36:04.050

Kevin Anderson, SBH Legal: I'm happy to answer any questions that anyone has.

253

00:36:05.070 --> 00:36:10.680

Kevin Anderson, SBH Legal: And I'm sure I'll probably try Min throughout the rest of the meeting today and future meetings so.

254

00:36:18.630 --> 00:36:19.710

Matt Calzia (he/him): you're muted again three.

255

00:36:22.230 --> 00:36:28.290

Theresa Van Winkle: Sorry thanks man thanks for it takes a village and so Keith or use your hand raise to respond to Kevin or.

256

00:36:29.790 --> 00:36:30.660

Keith Semple: Yes, it is.

257

00:36:30.930 --> 00:36:31.140

Just.

258

00:36:32.400 --> 00:36:45.060

Keith Semple: So yeah, I mean the facts are probably what he suggested, but I think the what's missing here is the fact that really nothing was done by the prior attorney Kevin came on the case.

259

00:36:45.090 --> 00:36:56.820

Keith Semple: very late, as he noted and really nothing was done by the employer or the third-party claim process or the prior attorney to disrupt the status quo, while my client was.

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260

00:36:57.300 --> 00:37:08.400

Keith Semple: Trying to lose the weight and quit smoking so in a lot of cases, you would see some communication where there had been a phone conference with the doctor about kind of how long are we going to wait for this as their progress being made.

261

00:37:08.910 --> 00:37:14.850

Keith Semple: As he continuing to do that unsanitary things that are causing the ongoing problem for him.

262

00:37:15.360 --> 00:37:24.600

Keith Semple: There were a lot of tools that could have been used to process the claim, and that is the legal obligation of the insurer and the employer and not the not the claimant.

263

00:37:25.290 --> 00:37:34.800

Keith Semple: He continue doing the job that his employer had agreed to offer him he followed the instructions of this doctor and nobody said, otherwise.

264

00:37:35.880 --> 00:37:47.430

Keith Semple: There wasn't a place for him to tell the doctor, no, no, I want to see you every month, while I'm trying to lose weight and quit smoking and get this to the place where I can have surgery.

265

00:37:48.510 --> 00:37:58.020

Keith Semple: And there were also problems with getting surgery scheduled because of co but there was also concerned about that at some points along the way, but I think the bottom line.

266

00:37:58.500 --> 00:38:05.850

Keith Semple: Is that there were a lot of things that could have been done that they weren't done to close the claim or drive the worker back to the doctor.

267

00:38:06.390 --> 00:38:22.950

Keith Semple: My client would have been more than willing to see his doctor more frequently during that time that someone expressed a problem with what was going on, and following the doctor's advice so that's just you know kind of a basic synopsis of everything that went down on that claim.

268

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00:38:23.970 --> 00:38:24.480

Keith Semple: Thanks.

269

00:38:39.270 --> 00:38:40.830

Matt Calzia (he/him): Kristen who's up next.

270

00:38:41.190 --> 00:38:44.340

Theresa Van Winkle: Yes, thank you I'm having problems with my microphone at the moment.

271

00:38:45.750 --> 00:38:46.830

Kirsten Adams, AGC: If there's anything else, I was going.

272

00:38:46.830 --> 00:38:46.950

Ryan Hearn: To.

273

00:38:47.070 --> 00:38:56.160

Kirsten Adams, AGC: kind of respond to a little bit of July, so if there's anything else, having to do with Kevin and keeps claim, if you want to wrap that up or there's anything else on that.

274

00:38:58.440 --> 00:39:01.560

Sara Duckwall: Kevin did you want to respond back to keep on them.

275

00:39:02.430 --> 00:39:14.820

Kevin Anderson, SBH Legal: I'm sure I don't the one tool that might have been an option was this injurious practice notice, where we send a notice to the worker saying you're doing something that's harming your recovery, please stop.

276

00:39:15.720 --> 00:39:26.010

Kevin Anderson, SBH Legal: Or will suspend your benefits I don't think it's a reasonable option on that case to force a worker to give up smoking it's not an easy ask.

277

00:39:27.150 --> 00:39:37.530

Kevin Anderson, SBH Legal: And it in 10 years of practicing I I've only seen the division grant one of our requests for injurious practice suspension notice.

278

00:39:38.430 --> 00:39:50.340

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Kevin Anderson, SBH Legal: it's a very, very high burden for us to show what the worker is doing is harming themselves as opposed to just not improving themselves if that distinction makes sense.

279

00:39:51.390 --> 00:40:01.680

Kevin Anderson, SBH Legal: Again, I don't think there were many options available for us, even if I had been involved earlier in the case, other than a phone call to keep saying you know hey what can we do here.

280

00:40:11.400 --> 00:40:13.650

Theresa Van Winkle: Okay, so with that I'll turn back to Kirsten.

281

00:40:14.310 --> 00:40:30.270

Kirsten Adams, AGC: chair so first I wanted to echo what elaine was saying that this goes beyond just the ensures that are concerned about this, because as employers, you know we want our employees who are injured, to be getting the treatment they need and want them to be able to get back to.

282

00:40:31.350 --> 00:40:42.420

Kirsten Adams, AGC: To their positions as soon as possible and as soon as you know, reasonable so just wanted to echo that this is, this is a broader issue than just for the insurance and then also to Jovanna's point.

283

00:40:43.590 --> 00:40:48.210

Kirsten Adams, AGC: I like the idea of a starting from kind of getting everything out on the table, because.

284

00:40:48.480 --> 00:40:57.420

Kirsten Adams, AGC: We are not intending to make a gotcha situation for the workers and I don't think that's any of our intention here I think we're looking for a way to make sure the system's working.

285

00:40:57.630 --> 00:41:06.540

Kirsten Adams, AGC: And you know we're aware that there are limitations and things that happen, and so I think getting all the concerns out on the table and having that discussion of how do we balance all this, how do we make sure that.

286

00:41:07.560 --> 00:41:15.120

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Kirsten Adams, AGC: People are the employers or employees are getting the work they need, but are getting the treatments, they need, but also making sure that it's happening.

287

00:41:15.660 --> 00:41:24.870

Kirsten Adams, AGC: In the timeframe, it should be so I like the idea of US kind of getting this all out on the table and then trying to work from there, because you know we don't want to set up for failure that's not our intention here so.

288

00:41:29.490 --> 00:41:31.590

Theresa Van Winkle: Thanks Kristen and Scott.

289

00:41:33.960 --> 00:41:40.320

Scott Strickland (he/him) SMART 16: yeah thanks um mostly a question, for I think Kevin the previous a commenter.

290

00:41:41.340 --> 00:41:48.930

Scott Strickland (he/him) SMART 16: So, in my personal experience as a medically stationary worker it's typically either the MC to the provider or the ensure.

291

00:41:49.410 --> 00:42:01.890

Scott Strickland (he/him) SMART 16: Where the hang up is in terms of the treatment and the continuing access or continuation of care, either through red tape or miscommunication or an issue there I can Kevin perhaps.

292

00:42:03.180 --> 00:42:14.670

Scott Strickland (he/him) SMART 16: point out how an additional burden on the worker would have helped in that situation because, again, it seemed like there was an issue between the ensure maybe to some extent the employer.

293

00:42:15.000 --> 00:42:24.000

Scott Strickland (he/him) SMART 16: And then the provider and I don't see how placing an additional hoop or hurdle or cutoff date on the worker would have helped that situation that anyway.

294

00:42:25.230 --> 00:42:34.050

Kevin Anderson, SBH Legal: Sure, but I don't view it as an additional burden on the worker, I see it as setting a clear standard for the doctors about what they need to be doing.

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295

00:42:34.560 --> 00:42:41.850

Kevin Anderson, SBH Legal: The instructions on this case to a worker were to do two things lose weight and quit smoking to.

296

00:42:42.690 --> 00:42:52.500

Kevin Anderson, SBH Legal: medical treatments, so to speak, but weren't really directly related to what the accepted condition what's and because there wasn't a clear.

297

00:42:53.460 --> 00:42:58.650

Kevin Anderson, SBH Legal: requirement for them to follow up or do anything the doctor just said hey you know if this.

298

00:42:59.580 --> 00:43:06.840

Kevin Anderson, SBH Legal: If you don't want to lose the weight don't want to quit smoking, you can live through with a condition without the surgery, you know I don't need to see you.

299

00:43:07.830 --> 00:43:13.440

Kevin Anderson, SBH Legal: You know that's kind of where it ended up it wasn't like the doctor was having more frequent meetings, but this worker to be like.

300

00:43:14.040 --> 00:43:21.750

Kevin Anderson, SBH Legal: Okay, what happened in the last 30 days are you down, you know, a pack of cigarettes are down five pounds, you know what else can we do to.

301

00:43:22.140 --> 00:43:31.560

Kevin Anderson, SBH Legal: help you get that weight reduction to quit smoking, the worker was just kind of left to their own device to figure out what they needed to do.

302

00:43:32.550 --> 00:43:48.090

Kevin Anderson, SBH Legal: And just said follow up as needed, but if there's a clear rule that out there, whatever it is, you know 30 days 60 days you know not open ended, but with a clear in date and return date, then the doctor at least knows.

303

00:43:48.510 --> 00:43:49.830

Kevin Anderson, SBH Legal: You know I'm not losing.

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304

00:43:50.340 --> 00:43:59.130

Kevin Anderson, SBH Legal: communication with this worker and definitely I will see them again in a month or two months or three months to try and figure out what's happened what needs to happen.

305

00:43:59.730 --> 00:44:10.020

Kevin Anderson, SBH Legal: Should there be some sort of communication from the provider out to the insurance or the employer about what's going on, it was just it was a case where everybody was kind of.

306

00:44:11.820 --> 00:44:23.790

Kevin Anderson, SBH Legal: Okay, with the status quo, the claim was open, he was on modified light duty and time loss, but he wasn't receiving in the medical treatment he wasn't making any progress towards manifestation and status.

307

00:44:24.960 --> 00:44:25.260

Kevin Anderson, SBH Legal: So.

308

00:44:26.520 --> 00:44:40.320

Kevin Anderson, SBH Legal: That would be my view on it, you know if there's a clear rule, I think it actually helps the providers understand what their role is without it necessarily being the workers burden to tell them hey, this is what you should be doing.

309

00:44:42.390 --> 00:44:51.240

Scott Strickland (he/him) SMART 16: Right, I think my question was that the issue that would then results of not having an additional follow up would be the worker would be out the time loss potentially.

310

00:44:51.690 --> 00:45:07.890

Scott Strickland (he/him) SMART 16: I think is kind of what's being discussed so again it's I'm not really seeing how penalizing the worker for an issue between the ensure and the provider would help in that situation, but I thank you very much for that, and maybe that'll be clear, as we continue to discuss.

311

00:45:13.320 --> 00:45:15.360

Theresa Van Winkle: Okay, so next in the queue is Jennifer play.

312

00:45:16.710 --> 00:45:18.570

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Jennifer Flood / Oregon Ombuds: Actually, I said I think jess was first.

313

00:45:18.840 --> 00:45:19.950

Theresa Van Winkle: Okay sorry just.

314

00:45:20.760 --> 00:45:34.710

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): Okay um as Kevin Since you know co-chaired duck while you've asked us not to talk about a hard deadline, but 30 and 60 just keeps getting thrown out there and I'm trying, you know Labor was a part of the.

315

00:45:35.220 --> 00:45:43.860

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): boat love save conversation that led us here so I'm just trying to wrap my head around it so Kevin you talked about how so.

316

00:45:44.460 --> 00:45:59.400

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): If there was a hard stop you envision the way that this role plays out as the worker being able to tell the doctor look I'm going to lose my two thirds wage replacement and job protection associated with calm, unless you see me within 60 days.

317

00:46:02.250 --> 00:46:02.790

Kevin Anderson, SBH Legal: I wasn't.

318

00:46:03.180 --> 00:46:04.710

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): Good hard stop is.

319

00:46:05.070 --> 00:46:06.450

Kevin Anderson, SBH Legal: I wasn't trying to suggest.

320

00:46:07.560 --> 00:46:10.830

Kevin Anderson, SBH Legal: That 30 days or 60 days should be the hard stop or.

321

00:46:12.000 --> 00:46:14.850

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): Any day I'm just trying to understand from your perspective.

322

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00:46:15.750 --> 00:46:33.420

Kevin Anderson, SBH Legal: Now my point is that, if the if the doctors who are handling these cases know they need to see a worker every 30 days they need to write a work release every 30 days it's less of a surprise to them when they get the urgent phone call on day 29 saying hey I have to get in.

323

00:46:34.950 --> 00:46:43.470

Kevin Anderson, SBH Legal: it's when we talked to the medical advisory committee, they were kind of on the mindset that 30 days was the rule um.

324

00:46:46.020 --> 00:46:53.640

Kevin Anderson, SBH Legal: I don't know that a hard deadline is exactly where we need to start off the discussion right now.

325

00:46:54.390 --> 00:47:02.280

Kevin Anderson, SBH Legal: I also don't know if that is the solution to keep in my case, my point is that the rules that we have right now.

326

00:47:03.240 --> 00:47:12.510

Kevin Anderson, SBH Legal: weren't adequate in that case, to get that worker any treatment to move the claim to closure to provide any clarification anybody that was involved.

327

00:47:12.870 --> 00:47:17.430

Kevin Anderson, SBH Legal: It only got resolved, because I got involved with the case and picked up the phone and call Keith.

328

00:47:17.910 --> 00:47:27.060

Kevin Anderson, SBH Legal: Not to prevent there's nothing there's nothing employers, it took two attorneys to resolve this issue and that shouldn't be the case in our work COMP system it shouldn't.

329

00:47:27.630 --> 00:47:34.830

Kevin Anderson, SBH Legal: fall on the attorneys to try and wrap up all of these things, it should be something that providers know what's expected of them.

330

00:47:35.910 --> 00:47:55.950

Kevin Anderson, SBH Legal: that the workers know what's expected of them as well, so I would say what we're looking for is clarity in that and kind of strengthen that rule for the worker do engage in their treatment

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and keep following up as opposed to just my claims open and accepted and that's it.

331

00:47:57.810 --> 00:48:06.630

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): Okay that's helpful um if I have a hard time believing that if there was a hard stop on it, the medical.

332

00:48:06.870 --> 00:48:11.880

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): system is what it is right now, a worker, then be able to get in the next day.

333

00:48:12.120 --> 00:48:23.640

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): With a COMP provider, and you know we've had conversations about opening it up to PA and I think they're further conversations about opening up providers that impedes because there is not enough.

334

00:48:24.180 --> 00:48:31.200

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): Medical providers that do workers COMP care, and I do think to Scotts point that if there is a deadline I don't care.

335

00:48:31.500 --> 00:48:36.090

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): What time it is until there are more providers that are willing to do this type of medical care.

336

00:48:36.390 --> 00:48:45.540

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): Losing two thirds of your wage and your workers COMP protection is the outcome when the medical community can't meet that need there already aren't enough providers and.

337

00:48:46.140 --> 00:48:59.280

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): We have an affiliate who couldn't be here today, but I do just want to raise another issue that has come up, that is, in this realm and that's folks not having full wage replacement when they need to seek medical care.

338

00:49:00.360 --> 00:49:07.950

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Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): If you're a worker who is exhausted you're 40 hours of paid sick leave and this happens often and then you're working part time.

339

00:49:08.820 --> 00:49:21.090

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): back, but you need to go to physical therapy or whatever it is, and you can't afford two thirds of your way to replacement for that six hours that you needed to be out that day you can't access the care.

340

00:49:22.350 --> 00:49:31.440

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): it's just financially impossible for you to do that, so that is another issue that I would encourage you all to look at it's not just.

341

00:49:31.800 --> 00:49:44.250

Jessica Giannettino Villatoro (she/her) Oregon AFL-CIO): That workers don't want to go to the doctor it's sometimes if they cannot afford it, because if you are a minimum wage worker two thirds of your average wage is not enough, so I would just encourage you all to think about it from that lens as well.

342

00:49:50.190 --> 00:49:56.970

Theresa Van Winkle: Okay I'm turning to elaine and Keith are you in the queue to respond to this current conversation he's the conversation.

343

00:50:00.030 --> 00:50:02.610

Keith Semple: I was in the queue because my name came up a couple more times.

344

00:50:04.620 --> 00:50:09.210

Keith Semple: I didn't want to keep going in and going deeper into this case, but I will mention that.

345

00:50:10.260 --> 00:50:16.800

Keith Semple: That really nothing was done at all in the ensures options to change the.

346

00:50:17.400 --> 00:50:29.190

Keith Semple: trajectory of that claim there wasn't a phone conference with the doctor that was recorded there wasn't a letter, even to the doctor asking for more frequent contact help with smoking cessation.

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347

00:50:30.060 --> 00:50:31.830

Keith Semple: You know, help with weight loss.

348

00:50:32.580 --> 00:50:40.950

Keith Semple: There wasn't a request to change the bonafide job offers that my client actually went in at some point and said, this is an adequate wage while I'm trying to get this done, I need.

349

00:50:41.220 --> 00:50:50.310

Keith Semple: More hours, so my client actually did engage to try and get back to more work and otherwise, this is just a normal claim, where the guys trying to do what he's supposed to be doing and.

350

00:50:50.760 --> 00:51:00.330

Keith Semple: You know the insurer who either wants to get this guy back to more work or wants to get things moving along and get the surgery done or conclude that is just not going to happen.

351

00:51:01.320 --> 00:51:09.120

Keith Semple: there's no effort to change the trajectory and a lot of this almost all of it happened before Kevin was involved, and it could be that Kevin would have.

352

00:51:09.720 --> 00:51:16.890

Keith Semple: seen this going on and on and on and he would have made the phone conference happened, where he would have sent the letter that could have been sent to the doctor saying hey.

353

00:51:17.160 --> 00:51:27.720

Keith Semple: You know what's going on with this work or how long is this going to take is it's going to go on for years and years, none of that was done, though, so I'm in it, and again if my worker.

354

00:51:28.680 --> 00:51:32.790

Keith Semple: had been asked to see the doctor every 30 days, he would have he would have done that.

355

00:51:33.150 --> 00:51:46.380

Keith Semple: Maybe, even if the doctor had been asked to see the worker every 30 days, maybe he would have done that none of that happened and it's really you know, not on the injured worker who's just trying to get by lose the weight get the surgery for a hernia surgery.

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356

00:51:48.090 --> 00:51:57.330

Keith Semple: You know it's not on them to tell the doctor what to do it shouldn't be and we've already talked about hassle factors with doctors not wanting to treat injured workers and there's plenty of that going on.

357

00:51:57.660 --> 00:52:06.510

Keith Semple: I would mention that this doctor wasn't a part of an NCO and wasn't even my client wasn't enrolled in an MC to the MC oh rules require the doctors to see every.

358

00:52:06.900 --> 00:52:16.830

Keith Semple: Patient every 30 days and that's fine and the doctors, the doctors can be penalized for not making that happened the MCOs can call the doctor and the MCA steel can sanction Dr.

359

00:52:17.970 --> 00:52:26.190

Keith Semple: None of that was done, but those tools exist but they're aimed and directed at counseling the doctor not putting the sword over the injured workers.

360

00:52:26.700 --> 00:52:36.630

Keith Semple: And that's what we have a problem with when it comes to the idea that we put a hard deadline on restrictions and I'm going to keep talking about that, because that is the thing that has been talked about from the very.

361

00:52:36.930 --> 00:52:49.890

Keith Semple: very beginning of this discussion is 30-day hard deadlines I don't know how we suddenly divorce, the conversation and kind of go back to square one, when that's all I've heard about, for God knows how many years lessons to.

362

00:52:51.900 --> 00:52:55.050

Keith Semple: So anyway, that's my piece on that case.

363

00:53:00.690 --> 00:53:07.560

Theresa Van Winkle: Okay, and turning it back to Kevin are you want to respond or can I could go into the other in the queue others, thank you.

364

00:53:08.010 --> 00:53:17.400

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Kevin Anderson, SBH Legal: It was pretty all I wanted to say is I don't I didn't mean to like rehash this case with Katie and I were able to work out a mutually beneficial resolution to all of this.

365

00:53:17.850 --> 00:53:35.520

Kevin Anderson, SBH Legal: So, I appreciate his patients on going through this case, but it was just an example of where a worker gets lost in the city system and it didn't seem like the rules were helping him or helping us so that with that it was kind of hoping to move past or one particular case.

366

00:53:38.700 --> 00:53:42.330

Theresa Van Winkle: Okay, with that I will turn Florida to Jennifer flood.

367

00:53:44.340 --> 00:53:45.000

Jennifer Flood / Oregon Ombuds: Good afternoon.

368

00:53:45.540 --> 00:53:53.910

Jennifer Flood / Oregon Ombuds: I'll take this down now, so I don't forget later um, I just wanted to chime in and share that from our office.

369

00:53:54.570 --> 00:54:12.390

Jennifer Flood / Oregon Ombuds: The examples that Giovanna and Keith and Kevin all of those examples are things that do hit our office but to reiterate what they've already said and not feel alone about it is that to have our system has a lot of.

370

00:54:13.470 --> 00:54:17.850

Jennifer Flood / Oregon Ombuds: complexities in it and access to medical treatment is difficult.

371

00:54:18.210 --> 00:54:32.580

Jennifer Flood / Oregon Ombuds: I know you people say oh there's doctors all over the place it's a very, very common everyday call that we get where a doctor can earn worker cannot get into a provider or a provider won't take the workers COMP claim because it's more than 30 days old.

372

00:54:33.720 --> 00:54:52.920

Jennifer Flood / Oregon Ombuds: that's another 30-day example there but um I don't feel that the fix to the issues that we're talking about

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should fall on the workers back because the fix is cut off the time loss like that's going to cure it it's not going to fix the issue.

373

00:54:54.210 --> 00:54:55.710

Jennifer Flood / Oregon Ombuds: and workers.

374

00:54:57.120 --> 00:55:05.340

Jennifer Flood / Oregon Ombuds: Especially non-English speaking or folks that are attending intimidated by medical service providers or their staff.

375

00:55:06.450 --> 00:55:18.180

Jennifer Flood / Oregon Ombuds: You know they get angry about hey I can't get in and I've got to get in well next thing they're told is there no longer welcome there some of that is brought on I understand from some of the attitude, but.

376

00:55:19.290 --> 00:55:25.950

Jennifer Flood / Oregon Ombuds: Many times, it's you know well, if you're on that type of type of a timeframe, we can't accept you as a patient.

377

00:55:27.030 --> 00:55:34.470

Jennifer Flood / Oregon Ombuds: So, I just wanted to share that that workers not being able to get into the doctor having the benefits cut off, be the fix to this.

378

00:55:34.890 --> 00:55:47.070

Jennifer Flood / Oregon Ombuds: And as just pointed out, many workers are paid to go to the doctor or, as I have found out this in my world I can take two hours off and still work, the rest of the day, but in many.

379

00:55:50.220 --> 00:56:00.930

Jennifer Flood / Oregon Ombuds: Job environments, they can't if they can't be there for the full shift they're not welcome to come in at all, and they end up losing wages for that entire day so I'll leave it at that, but I'm here you have any questions.

380

00:56:06.210 --> 00:56:08.250

Theresa Van Winkle: Okay next in the queue is Carl Kenny.

381

00:56:10.920 --> 00:56:18.300

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Karl Koenig he/him Fire Fighters: Good afternoon, everybody and welcome back from summer right in here, we are right back where we started.

382

00:56:19.560 --> 00:56:37.260

Karl Koenig he/him Fire Fighters: everybody's made really good points I'm for fear of repeating myself I'll just say working conditions were a grid and the fire service, a huge example of return to work or light duty or whatever you might call that.

383

00:56:38.670 --> 00:56:51.600

Karl Koenig he/him Fire Fighters: And one of the things that we are able to do in a collective bargaining environment is actually bargain that time loss or lack of time loss to go to our doctors or physical therapy appointments but that's not the norm so.

384

00:56:52.050 --> 00:57:05.460

Karl Koenig he/him Fire Fighters: When you go and receive a treatment care and involves a light duty assignment or alternate de Simon we if we are going to work towards some hard date which I'm not a fan of.

385

00:57:06.600 --> 00:57:17.940

Karl Koenig he/him Fire Fighters: Is that we have to provide balance, this is the workers compensation program not the employers compensation program or the insurance compensation Program.

386

00:57:19.050 --> 00:57:28.590

Karl Koenig he/him Fire Fighters: The worker here is already under extremists if they're at two thirds or waging or if they're light duty potentially they're using other leaves to make it themselves whole.

387

00:57:29.790 --> 00:57:30.360

Karl Koenig he/him Fire Fighters: and

388

00:57:31.740 --> 00:57:44.070

Karl Koenig he/him Fire Fighters: And so, Jennifer made a good point about partial shifts and all those struggles, I think any discussion about these things, Sara to your point of bringing up other items would be this.

389

00:57:44.880 --> 00:57:59.250

Karl Koenig he/him Fire Fighters: This last time for doing what a physician order you to do on alternate duty and I'll let my other

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colleagues stand on their comments, but I think it's a very important piece moving forward and thanks for the opportunity to talk.

390

00:58:04.080 --> 00:58:05.100

Theresa Van Winkle: Okay elaine.

391

00:58:10.230 --> 00:58:17.670

Elaine Schooler: Yes, hi Elaine Schooler, SAIF corporation I'm actually if you don't mind going to wait like Dave Baron Berg speak first.

392

00:58:17.700 --> 00:58:18.000

Theresa Van Winkle: sure.

393

00:58:18.900 --> 00:58:19.230

Thank you.

394

00:58:20.970 --> 00:58:21.420

David Barenberg: hi.

395

00:58:22.740 --> 00:58:38.940

David Barenberg: I just wanted to say I'm really frustrated with this conversation for a couple of reasons I'm safe, and I think the business community agreed on 4138 in good faith to have a discussion.

396

00:58:39.990 --> 00:58:55.590

David Barenberg: On worker connection to the care in the interim, and we said that we would do it without pre-consistent pre-conditions and without a pre-determined outcome, and we were hoping to start with.

397

00:58:56.790 --> 00:59:00.570

David Barenberg: You know, are saying what we see as the problems and.

398

00:59:02.400 --> 00:59:14.400

David Barenberg: And if folks have questions and want more information we're happy to provide it we're happy to then in our thought was you know folks could start saying Oh, there is, you know, a problem.

399

00:59:14.940 --> 00:59:22.560

David Barenberg: which I think it was set on the record that there was an agreement that there were issues that we wanted to work towards looking at and addressing.

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400

00:59:23.190 --> 00:59:36.240

David Barenberg: And, and then trying to talk about them and they're rather than just trying to shoot down an idea that we had taken off the table, so we could have a discussion, starting with our concerns.

401

00:59:37.710 --> 00:59:51.300

David Barenberg: You know some of the things that we've been talking about today about our you know it only affects a few workers with a lot of the changes we've agreed to in the past and legislation effect, only a few workers are unlimited number of workers but.

402

00:59:52.680 --> 01:00:03.720

David Barenberg: You know we're happy to look at and talk about why the existing tools that you know the trial attorneys say exist and do exist, but why they don't work in a real practical way.

403

01:00:04.260 --> 01:00:14.820

David Barenberg: You know we're happy to look at things like Are there things we need to do that can make it easier for less strain for workers to attend appointments.

404

01:00:15.210 --> 01:00:22.710

David Barenberg: and other things that are being raised we're not trying to railroad a specific solution and I'm.

405

01:00:23.160 --> 01:00:32.040

David Barenberg: You know if it's the hours that are missed in we're not they're not effectively compensated and impacting workers put that on the table and let's discuss it.

406

01:00:32.610 --> 01:00:38.370

David Barenberg: Rather than just say in a really dismissive tone we can't talk about this, unless we talk about the other thing.

407

01:00:38.820 --> 01:00:46.710

David Barenberg: we're willing to talk about the other thing, so you know I just think we need to deescalate a little bit and get back to you know how do we.

408

01:00:47.310 --> 01:00:56.910

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David Barenberg: address the issues where there are problems and workers being connected to care we take it all on you know the access is an issue is a problem we don't want to.

409

01:00:57.330 --> 01:01:03.600

David Barenberg: penalize workers for that, but it's just not a constructive tone and me and and some of that might be on us.

410

01:01:04.200 --> 01:01:22.800

David Barenberg: But that's not the way we wanted to approach this so you know I'm hoping we can just tone down the rhetoric and you know move forward in a really collaborative way as we you know, often are able to do so, so that that's it and thanks for hearing my harangue a little bit.

411

01:01:27.540 --> 01:01:31.590

Theresa Van Winkle: Thanks to you, I did you want to chime in before I turn for to keep.

412

01:01:32.550 --> 01:01:33.600

Theresa Van Winkle: yeah um.

413

01:01:34.260 --> 01:01:37.290

Elaine Schooler: I just wanted to go back to some of the.

414

01:01:38.700 --> 01:01:48.420

Elaine Schooler: Other tools that were raised as ways to manage claims when workers are not actively engaging with their medical provider.

415

01:01:49.590 --> 01:02:03.840

Elaine Schooler: I see a lot of these tools as either overly punitive counterproductive, or, in some cases, taking a sledgehammer to something that may not really require such a broad stroke, but maybe a more refined solution.

416

01:02:04.860 --> 01:02:06.330

Elaine Schooler: For cutting off.

417

01:02:07.350 --> 01:02:17.730

Elaine Schooler: Time loss payments when workers fail to appear for medical exams that only works when the worker has a scheduled follow up appointment so for those workers.

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418

01:02:18.240 --> 01:02:36.420

Elaine Schooler: who receive an authorization leave the Office, do not schedule that follow up appointment that tool is no longer available is not available at all today sure, because no follow up appointment has been made so there's no follow up appointment for the worker to miss.

419

01:02:38.370 --> 01:02:40.560

Elaine Schooler: Also withholding.

420

01:02:42.390 --> 01:02:50.850

Elaine Schooler: Time loss benefits if the provider can no longer verify the workers inability to work practically many of the medical providers don't.

421

01:02:51.720 --> 01:02:58.260

Elaine Schooler: or die, I should say, are unwilling to change work restrictions until they're able to have contact.

422

01:02:58.980 --> 01:03:08.220

Elaine Schooler: With the worker with their patient to verify how they're doing, and so, while we could use can use that more often it's the case that the provider.

423

01:03:08.850 --> 01:03:26.340

Elaine Schooler: will stay with the restrictions until the worker is seen or there's contact being made and another tool is cutting it off payments to providers who are not reporting on the workers ability to return to work, quite frankly, that seems.

424

01:03:27.390 --> 01:03:34.410

Elaine Schooler: counterproductive and against the goals of bringing providers into the system more likely to drive providers out of the system.

425

01:03:35.850 --> 01:03:45.180

Elaine Schooler: If that type of practice were to be taken up by ensures we want providers to remain in the system we want them to be engaged in their care with their workers.

426

01:03:46.290 --> 01:04:07.050

Elaine Schooler: What we're looking for is what we think would be a clear standard for workers and for providers to maintain that care so that it's

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clear to all to the two primary participants, I guess, in the system and then closure of the claim when the worker hasn't treated the bug letter, those are.

427

01:04:08.760 --> 01:04:11.280

Elaine Schooler: difficult to do at times workers can.

428

01:04:12.330 --> 01:04:24.510

Elaine Schooler: respond to their they've scheduled their appointment and then miss that appointment; the process starts over it's a high burden to prove in my experience with strict.

429

01:04:25.050 --> 01:04:34.140

Elaine Schooler: requirements and then ultimately the biggest problem is that it results in closure of a claim, where a worker is not medically stationary they haven't recovered.

430

01:04:34.800 --> 01:04:43.800

Elaine Schooler: In most cases from their injury and now we're going to close the claim that's not the goal of the system, the goal, the system is to help those workers recover.

431

01:04:45.480 --> 01:04:54.120

Elaine Schooler: Ensure that their recovery is tracking in an appropriate way and closing the claim administratively really doesn't achieve that purpose.

432

01:04:54.420 --> 01:05:11.520

Elaine Schooler: And also results in a shift in the medical services that are available to those workers, it also ends their time loss payments completely, the only way that they can restart those benefits are by having the claim reopened or by having that closure reversed Those are all pretty.

433

01:05:13.350 --> 01:05:24.150

Elaine Schooler: Harsh tools, when what we're seeing is an issue of continued care continued access that could have some more tailored solutions.

434

01:05:24.900 --> 01:05:39.810

Elaine Schooler: As David mentioned of the payment piece for workers missing time at work so statute allows workers to receive timeless

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benefits for four hours or more of miss time from work did a medical appointment if that's.

435

01:05:41.550 --> 01:06:00.750

Elaine Schooler: A concern Oh, this is a forum to discuss that piece as well, I think, in the past, we did propose a time limitation and that would still be a proposal of ours, however, we are open to other solutions to tackle this problem because it's an important one.

436

01:06:01.980 --> 01:06:07.500

Elaine Schooler: And I'm happy to answer some more questions actually we I did have one or two more pieces.

437

01:06:08.520 --> 01:06:14.730

Elaine Schooler: There was a comment that it would be too cumbersome for doctors to address work restrictions.

438

01:06:15.150 --> 01:06:28.770

Elaine Schooler: There was no there were no comments from the medical advisory committee, to my knowledge about that being overly cumbersome files directly within the depth that the doctor's standard of care to address work restrictions when they're treating injured workers.

439

01:06:29.880 --> 01:06:40.020

Elaine Schooler: And that would be true of any doctor treating somebody who was injured and was unable to work, they would be expected to address the work restrictions, so I don't see that as being overly cumbersome for them.

440

01:06:42.090 --> 01:06:42.600

Elaine Schooler: And then.

441

01:06:43.920 --> 01:07:01.080

Elaine Schooler: The CEOs have presented in the past to unlock about timelines and worker enrollment and access to providers, they may be an additional resource, who can provide further information to the subcommittee about those.

442

01:07:01.770 --> 01:07:06.300

Elaine Schooler: Treatment time periods and workers ability to access providers on a regular basis.

443

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01:07:08.070 --> 01:07:11.010

Elaine Schooler: Not now I have mentioned everything, thank you.

444

01:07:11.370 --> 01:07:12.180

Theresa Van Winkle: Okay, thanks.

445

01:07:16.710 --> 01:07:22.320

Keith Semple: yeah, I just I really don't mean to keep beating a dead horse, but it keeps coming back up about the.

446

01:07:23.100 --> 01:07:32.370

Keith Semple: Hard deadline and the proposed solutions was looking back through my email to try and figure out where I got the idea that that's where we were starting and I've got one from June 18 saying.

447

01:07:33.000 --> 01:07:38.610

Keith Semple: From safes perspective that's where we were starting that they were going to bring back the same proposals they had brought before.

448

01:07:38.880 --> 01:07:52.950

Keith Semple: And that's what would be before this subcommittee because that's what they were going to request so and I guess I apologize, on behalf of our group, if we totally misconstrued what we're going to be doing here but we've been given every indication that we're talking about.

449

01:07:53.160 --> 01:07:57.630

Keith Semple: You know the lead proposal being the 30-day hard deadline on work restrictions.

450

01:07:58.020 --> 01:08:08.280

Keith Semple: And I'm sorry if that really, really offends us to turn this around and say that workers have to force their doctors to provide care, instead of the insurer either making a phone call or.

451

01:08:08.820 --> 01:08:19.860

Keith Semple: sending a letter or doing one of the multitudes of other things at their disposal instead every 30 days the worker and their family have to scramble and figure out whether the work restrictions are.

452

01:08:20.400 --> 01:08:25.530

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Keith Semple: Adequate and what else they need to do to force the doctor to get the restrictions done.

453

01:08:26.490 --> 01:08:35.550

Keith Semple: We keep hearing about the medical Advisory Committee and that's great many of those doctors are MCOs providers and they've always been subject to 30-day deadlines for receiving.

454

01:08:36.180 --> 01:08:46.740

Keith Semple: Seeing injured workers yeah you heard from Giovanna that one of the people on the MAC wasn't available for a couple of months to give the work restrictions.

455

01:08:46.980 --> 01:08:55.260

Keith Semple: And that worker would have been swept up in this idea of some sort of hard deadline so I guess if we're not talking about a hard deadline I'll let that go but.

456

01:08:55.740 --> 01:09:05.460

Keith Semple: Like I said I mean that's what we've understood from the beginning and that's why we've responded, the way we have because we see that it's just a drastic step.

457

01:09:06.060 --> 01:09:14.040

Keith Semple: To deal with a relatively small problem of Dr dodging I mean that's really what we're talking about here we're talking about workers who are deliberately not engaging.

458

01:09:14.670 --> 01:09:31.770

Keith Semple: Otherwise, why are we putting it on the worker to force the doctors to see them if they are following the doctor's orders, you know if there's a problem, we need to know the scope of the problem and we need to find a proportional solution and what we've heard so far as isn't that so.

459

01:09:33.600 --> 01:09:34.350

Keith Semple: I guess we'll take it from there.

460

01:09:41.040 --> 01:09:46.800

Theresa Van Winkle: Since Cape has been very patient away for us, I wanted to turn the Florida to her before going back to this conversation.

461

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01:09:48.150 --> 01:09:49.890

Kate Suisman, she, NWJP: I'm happy to wait Teresa my.

462

01:09:49.890 --> 01:09:50.550

Theresa Van Winkle: comment okay.

463

01:09:51.480 --> 01:09:53.400

Theresa Van Winkle: I just wanted to check to be sure, thank you.

464

01:10:02.610 --> 01:10:03.360

Matt Calzia (he/him): you're muted.

465

01:10:05.310 --> 01:10:05.790

Theresa Van Winkle: Sorry.

466

01:10:07.170 --> 01:10:10.860

Theresa Van Winkle: So, Dana presenting your hand is up to response to key for.

467

01:10:15.360 --> 01:10:15.780

David Barenberg: yeah.

468

01:10:16.920 --> 01:10:33.180

David Barenberg: I just wanted to say then let's just start from here, safe position is, we see that there's a problem we're open to a discussion of solutions we've heard lots of problems articulated by.

469

01:10:34.650 --> 01:10:35.370

David Barenberg: workers.

470

01:10:36.420 --> 01:10:47.010

David Barenberg: representatives are ombudsperson we're happy to have discussions of those and trying to see how we can you know move forward and address them and just again wanted.

471

01:10:50.490 --> 01:10:52.260

David Barenberg: takes the tone and.

472

01:10:53.400 --> 01:11:01.620

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David Barenberg: Peace down, we understand that there are problems with workers accessing care we understand that there are issues for.

473

01:11:02.790 --> 01:11:16.980

David Barenberg: Primarily non-English speaking workers and low power workers, workers who have lack power in relations with their employers and we're willing to talk about all of those issues too and.

474

01:11:18.240 --> 01:11:32.280

David Barenberg: So, you know let's we're happy to start fresh and our representations at least a lobbyist a lobbyist in the discussions was we were to start this discussion, without preconceived notions and that's where we are and so.

475

01:11:32.730 --> 01:11:45.270

David Barenberg: Please let's start with that sense, and you know, a question, you know we're happy if the chairs want to ask questions of all parties or how they want to structure, it is, if you think that there aren't the appropriate tools.

476

01:11:46.410 --> 01:12:00.510

David Barenberg: You know, respond to the trial attorneys and writing me to the committee about how we see those not working in the practical solutions, you know how is it, I guess, my question is back to the to the chairs of you've heard a lot of.

477

01:12:01.650 --> 01:12:17.100

David Barenberg: discussion and disagreement, what would be helpful to you and information or presentations you know moving forward to help circle around something that's a productive discussion, rather than just the sort of.

478

01:12:18.600 --> 01:12:19.800

David Barenberg: pitched battle that we seem.

479

01:12:19.800 --> 01:12:20.700

David Barenberg: To be having today.

480

01:12:21.900 --> 01:12:30.570

Matt Calzia (he/him): This was mad, I do have one question that came up in the MAC coming up and I'm a registered nurse, and I will say that I.

481

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01:12:34.260 --> 01:12:36.840

Matt Calzia (he/him): Some of my perception of the discussions around the MAC.

482

01:12:37.860 --> 01:12:48.000

Matt Calzia (he/him): Is that there's some distortions in the expectations of how physicians operate in the world and that they actually I think it was mentioned earlier, all the physicians out there was a 30 day.

483

01:12:49.230 --> 01:12:53.730

Matt Calzia (he/him): limit or whatever my experience with physicians is they tend to think they know the rules.

484

01:12:54.660 --> 01:13:04.500

Matt Calzia (he/him): And, and then they may agree the rules and then on a shift or in an occurrence, they will then try to say oh that does that rule really exist is that apply to me they don't necessarily.

485

01:13:05.190 --> 01:13:12.900

Matt Calzia (he/him): In my experiences track all of policies and rules that are maybe outside of the practice of medicine and so.

486

01:13:14.790 --> 01:13:29.100

Matt Calzia (he/him): I think it would be really great to have dialogue, I would love to engage in some dialogue with the physicians on the MAC about some of their perceptions about how this works and that would be helpful and then back to the NCO and.

487

01:13:30.360 --> 01:13:35.610

Matt Calzia (he/him): I believe me to rely a lot on our end care managers and so I'm wondering, is that.

488

01:13:37.650 --> 01:13:48.450

Matt Calzia (he/him): outside of the end you know is that a practice that's occurring outside of the NCO in other venues within in the word COMP world, because what I.

489

01:13:48.990 --> 01:14:00.390

Matt Calzia (he/him): What I think the evidence shows is when patients are engaged with our end care manager the complexities of the health care system get a little bit more ironed out.

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490

01:14:01.440 --> 01:14:09.840

Matt Calzia (he/him): And we see access to care improve or compliance and that's also what I think this comes down to is compliance and so.

491

01:14:10.650 --> 01:14:24.600

Matt Calzia (he/him): The evidence also shows that punitive measures do not increase compliance with patient, and that is like long standing I mean this is this is, I did a literature, review the other night around compliance issues because that's what I believe this is.

492

01:14:25.650 --> 01:14:34.530

Matt Calzia (he/him): What isn't being framed as and going back into the early 1990s there's some pretty you know good articles in the medical journals around.

493

01:14:35.190 --> 01:14:43.680

Matt Calzia (he/him): How do you get folks to comply with their medical treatment plans, which is a chronic issue and up there right with people who have chronic diseases or.

494

01:14:44.310 --> 01:14:54.510

Matt Calzia (he/him): What have you making it to appointments appropriately is a big issue following medication treatment plan, and so, when you see like what actually gets patient.

495

01:14:55.560 --> 01:15:02.910

Matt Calzia (he/him): To comply, so that we can lower costs in the healthcare system incentivizing is typically the way that that happens so.

496

01:15:05.040 --> 01:15:13.680

Matt Calzia (he/him): Their studies, where you actually pay the patient to make their appointments and then they make their appointments and there, there might be better outcomes.

497

01:15:15.570 --> 01:15:18.960

Matt Calzia (he/him): So, I guess, one thing I do need clarification of is.

498

01:15:21.810 --> 01:15:33.450

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Matt Calzia (he/him): Are we looking at punitive measures for the worker because, like based on the evidence punitive measures do not work, and I think the example that came up about the patient who.

499

01:15:34.830 --> 01:15:40.320

Matt Calzia (he/him): Who needed surgery and had to lose weight to get there and quit smoking Those are two disease processes that.

500

01:15:40.650 --> 01:15:49.200

Matt Calzia (he/him): Again, physicians are like physicians are some of the word stigmatizing things like smoking losing weight, and so this position says hey you need surgery.

501

01:15:50.160 --> 01:15:56.700

Matt Calzia (he/him): you're not going to get it until you lose weight and quit smoking and that's on you and the evidence of that that's not a very effective approach.

502

01:15:57.810 --> 01:16:13.260

Matt Calzia (he/him): incentivizing, on the other hand, may be more effective, so what I guess what I'm hearing from some size is like we're looking to move into more punitive measure for workers and that may lead to compliance and then I'm hearing well that isn't necessarily true so I guess.

503

01:16:14.340 --> 01:16:24.390

Matt Calzia (he/him): I have questions around that are you looking at a punitive measure, something that would be crease or lose benefits and then, and then the belief beans that that is a tool that will increase.

504

01:16:25.140 --> 01:16:28.080

Matt Calzia (he/him): Worker compliance with staying engaged with them.

505

01:16:28.440 --> 01:16:29.640

Matt Calzia (he/him): Their practitioner.

506

01:16:31.980 --> 01:16:42.060

Matt Calzia (he/him): And so that would be one question and the other, you know I think you have an internship or we open like incentivizing this process and other way, which would be in the scope of the.

507

01:16:43.140 --> 01:16:44.220

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Matt Calzia (he/him): division here.

508

01:16:54.810 --> 01:16:58.080

Theresa Van Winkle: Really, your hand is raised imprisonment in response to.

509

01:17:00.330 --> 01:17:00.990

Theresa Van Winkle: The conversation.

510

01:17:01.800 --> 01:17:15.270

Elaine Schooler: yeah, I mean I just had a few thoughts I don't think it's punitive or incentivizing, I guess, I see it as somewhere in the middle of the two, I think it can be cast as one or the other.

511

01:17:16.020 --> 01:17:26.190

Elaine Schooler: Depending on your perspective, but I think the goal is for workers, how do we have workers remain in contact with their provider.

512

01:17:27.120 --> 01:17:33.270

Elaine Schooler: When they're off work receiving time loss benefits that's the problem right.

513

01:17:33.660 --> 01:17:44.790

Elaine Schooler: And we had a solution that we brought forward to the trial lawyers and maybe there are other solutions and better solutions out there that's what we're here to discuss, but the problem is for the worker who's.

514

01:17:45.510 --> 01:17:50.580

Elaine Schooler: recovering at home and they don't have that regular contact with their provider.

515

01:17:51.870 --> 01:18:01.680

Elaine Schooler: that's when problems can arise when you don't know how the recovery is going, are they having complications, are they having adverse reactions or are they doing great you know if that's the case.

516

01:18:02.460 --> 01:18:11.430

Elaine Schooler: The provider should know that too, because changes in care and expectations and can happen when there's that contact between the provider.

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517

01:18:12.210 --> 01:18:23.730

Elaine Schooler: we're not trying to make this a gotcha situation we're just trying to ensure workers are remaining connected with their medical provider, so that aren't those gaps.

518

01:18:24.150 --> 01:18:24.870

Elaine Schooler: In fact.

519

01:18:25.530 --> 01:18:33.780

Matt Calzia (he/him): When you say provider, you mean the attending provider okay right in the ins in within these into I'm still trying to navigate.

520

01:18:35.400 --> 01:18:40.020

Matt Calzia (he/him): Of the statutes around where conferences exhausted, but.

521

01:18:40.410 --> 01:18:45.390

Matt Calzia (he/him): So, my understanding is be attending as the only one who can it's rather arcade right.

522

01:18:45.900 --> 01:18:49.350

Matt Calzia (he/him): He attending is the only one who can who can sign off on that.

523

01:18:51.420 --> 01:19:00.090

Matt Calzia (he/him): And they have to be like either in envy or do is that accurate, or it can they be an APR and as well-advanced practice registered nurse.

524

01:19:01.230 --> 01:19:09.240

Elaine Schooler: I don't know about the APR and designation nurse practitioners can serve as attending physicians and, I believe, in themselves, they do, in some cases to.

525

01:19:09.690 --> 01:19:17.190

Elaine Schooler: There are some providers who are limited, like chiropractors can only serve as the attending physician for 60 days or 18 visits.

526

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01:19:17.730 --> 01:19:33.120

Elaine Schooler: And there is some other limitation statutorily but the attending physician is the one who authorizes the time last benefits and monitors those work restrictions to ensure that they remain appropriate throughout the workers, care and.

527

01:19:34.410 --> 01:19:42.480

Elaine Schooler: You know, one of the as I wanted to bring up to one of the pieces, we had talked about, and this goes to Giovanna is piece is that.

528

01:19:43.350 --> 01:19:56.640

Elaine Schooler: For those workers were there is like a doctor on vacation or gap that happens it part of our goal with hospital 4130 was to fill those gaps with by increasing.

529

01:19:57.180 --> 01:20:08.040

Elaine Schooler: The retroactive authorization period from 14 to 45 days, which is a substantial amount of time for a doctor to go back in time and authorize additional time loss benefits.

530

01:20:09.240 --> 01:20:28.980

Elaine Schooler: So, you know, there are more solutions, I guess coming down the pipeline in the future that will aid workers in those situations, and I think could complement what other solutions could be to this problem of ensuring regular contact between the worker or provider.

531

01:20:30.900 --> 01:20:34.770

Matt Calzia (he/him): I have an anecdote I talked to a member and own a member so America got injured.

532

01:20:35.880 --> 01:20:42.690

Matt Calzia (he/him): and nurses are savvy with the healthcare system so there's a lot of benefits to that and it's been a year and a lot of struggles that.

533

01:20:44.250 --> 01:20:50.640

Matt Calzia (he/him): This individual these an orthopedist for the injury, but they're attending is not they're attending as just the general practitioner.

534

01:20:52.560 --> 01:21:01.020

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Matt Calzia (he/him): And they've kind of been going through the process of birthday try physical therapy, it was an effective and then they went through a minimally invasive procedure and that was an effective.

535

01:21:01.590 --> 01:21:09.090

Matt Calzia (he/him): And then, it decided to have a more invasive surgery, and that was booked out like 60 days from that determination.

536

01:21:11.460 --> 01:21:18.030

Matt Calzia (he/him): In the time since that minimally invasive surgery, and the in having to end up getting scheduled to have this more.

537

01:21:19.230 --> 01:21:23.640

Matt Calzia (he/him): invasive one the attending providers.

538

01:21:24.870 --> 01:21:33.000

Matt Calzia (he/him): There isn't a lot of value, like the worker nurses going and doing light duty so it's like this burden on our already bird in healthcare system.

539

01:21:33.960 --> 01:21:37.650

Matt Calzia (he/him): For this individual to have to go see they're attending in this timeframe when.

540

01:21:38.430 --> 01:21:43.860

Matt Calzia (he/him): Between like getting the surgery scheduled and when the surgery happens if we were to pick like an arbitrary number.

541

01:21:44.370 --> 01:21:48.420

Matt Calzia (he/him): Because of just how scheduling goes there up quite a while and the attending isn't going to.

542

01:21:49.080 --> 01:22:04.650

Matt Calzia (he/him): have much to change their life duties restrictions or anything like that or anything really because the patient's condition hasn't changed, so I guess that's where I wonder if there's opportunity or you all feel there's opportunity and looking at what I believe is a rather.

543

01:22:06.810 --> 01:22:15.660

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Matt Calzia (he/him): archaic method of saying that this attending provider is the only one that can, if there's a rationale why that would be and why all me that's attending.

544

01:22:16.110 --> 01:22:24.540

Matt Calzia (he/him): is the one who can do this, and if they're seeing other specialists and now like physical therapists are required to have oftentimes doctors degrees.

545

01:22:24.990 --> 01:22:29.340

Matt Calzia (he/him): You know, so why are we putting the burden on probably in home already overwhelmed.

546

01:22:30.240 --> 01:22:37.920

Matt Calzia (he/him): physician's office to basically check a box when the patient is engaged in their care, but if we're worried about other.

547

01:22:38.400 --> 01:22:47.760

Matt Calzia (he/him): Because this idea that like I seen a general practitioner in a six-month continuum of treatment is somehow going to make the patient better is, in my opinion, is false.

548

01:22:48.180 --> 01:22:58.560

Matt Calzia (he/him): So is that, where there's opportunity as maybe looking at allowing other practitioners, the ability to answer some of the questions that you all, would have about where the worker.

549

01:23:00.600 --> 01:23:06.930

Elaine Schooler: Sure, yeah, I mean that could be a possible solution, I think, the challenge is that with the attending physician.

550

01:23:07.710 --> 01:23:14.250

Elaine Schooler: When you start looking at multiple providers treating a worker simultaneously.

551

01:23:14.610 --> 01:23:23.760

Elaine Schooler: And it becomes very difficult to determine which restrictions are the controlling one for let's say a worker who has a modified work release but has two different.

552

01:23:24.450 --> 01:23:35.850

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Elaine Schooler: releases from two different providers, how does the employer than accommodate that and determine which is the appropriate restriction in order to bring that worker back to work.

553

01:23:37.170 --> 01:23:43.410

Elaine Schooler: And with the notice requirements that will are were part of house bill 4138 where.

554

01:23:43.830 --> 01:23:47.970

Elaine Schooler: insurers are required to provide notice to workers when they're timeless benefits are going to end.

555

01:23:48.270 --> 01:23:57.780

Elaine Schooler: Where we have overlapping attending physician authorizations that could become very problematic because we don't know which time period or authorization to honor as.

556

01:23:58.170 --> 01:24:06.180

Elaine Schooler: The valid, one that would result in more litigation, conversely, if there were more providers who could address the work restrictions.

557

01:24:08.490 --> 01:24:14.160

Elaine Schooler: You know, broadening the healthcare access PC a that could alleviate what you see as an issue to.

558

01:24:15.630 --> 01:24:21.390

Elaine Schooler: If marker to have more access to care and not necessarily having the overlapping restrictions, but abroad her pool.

559

01:24:22.890 --> 01:24:29.790

Elaine Schooler: And maybe others have thoughts on how to get that information if that's something that the Co-chairs would feel would be useful for this discussion.

560

01:24:30.600 --> 01:24:30.960

Matt Calzia (he/him): Thank you.

561

01:24:37.980 --> 01:24:44.490

Theresa Van Winkle: Okay Giovanna do you have anything to respond and respond I'm presuming you're have your hand raised in response to the conversation.

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562

01:24:45.900 --> 01:24:51.210

Jovanna Patrick: Yes, thank you, so I just wanted to touch on circles, yes point but.

563

01:24:51.660 --> 01:24:58.590

Jovanna Patrick: You know we're talking about engagement with treatment, but that doesn't necessarily mean seeing that one person who's been designated as you're attending physician.

564

01:24:59.100 --> 01:25:05.070

Jovanna Patrick: You know not seeing your attending physician for 30 days or 60 days or whatever hard deadline might eventually be.

565

01:25:05.520 --> 01:25:14.640

Jovanna Patrick: offered does not mean there's no care right the oftentimes people are treating with the surgeon who usually will not be the attending physician, but is in communication with the attending.

566

01:25:15.450 --> 01:25:23.190

Jovanna Patrick: If they're going through a physical therapy program if they're waiting for diagnostics and other big one is work hardening a lot of folks go to work hardening Program.

567

01:25:23.460 --> 01:25:30.810

Jovanna Patrick: Where they know the end of their claim, so that they can get ready to go back to work, you know if we're counting program is eight weeks and.

568

01:25:31.080 --> 01:25:38.310

Jovanna Patrick: The worker has to complete it, you know the ap might decide not to see them during that time, but doesn't mean the workers not engage just the workers going in every single day.

569

01:25:39.330 --> 01:25:44.190

Jovanna Patrick: So, I think that needs to be brought into when we talk about engagement it's not just with the attending physician.

570

01:25:45.210 --> 01:25:53.670

Jovanna Patrick: And finally, what I wanted to point out was you know I heard elaine something says something great that I think we can all agree on and is a really good starting point.

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571

01:25:54.120 --> 01:26:08.220

Jovanna Patrick: For these discussions, when she was talking about the withholding TD if it can't be verified and why that statute doesn't provide enough for them to providers are generally unwilling to change work restrictions until they're able to see the worker.

572

01:26:09.780 --> 01:26:11.340

Jovanna Patrick: I completely agree with that statement.

573

01:26:13.620 --> 01:26:21.000

Jovanna Patrick: Workers have this problem they can't get their providers to talk to them or change restrictions between appointment apparently insurers have this problem to.

574

01:26:21.300 --> 01:26:26.370

Jovanna Patrick: The question is, it will we all agree that this is a fact, and this is a problem, coming from the providers.

575

01:26:26.640 --> 01:26:38.190

Jovanna Patrick: let's not draft a solution that penalizes the worker on an accepted claim, who has these benefits, so that they can get better and go back to work let's not penalize them for something that.

576

01:26:38.520 --> 01:26:43.290

Jovanna Patrick: Is the providers doing so I just like to keep that in mind, going forward on discussions, thank you.

577

01:26:45.720 --> 01:26:48.900

Theresa Van Winkle: Thanks Jovanna. Kate Thank you so much for your patience and waiting.

578

01:26:49.590 --> 01:26:50.370

Theresa Van Winkle: The floor is yours.

579

01:26:52.860 --> 01:27:08.790

Kate Suisman, she, NWJP: No problem Theresa and sorry if my sound is bad. I'm having an issue today I'm Kate Suisman and I'm one of the attorneys at the Northwest workers justice project and we represent workers and low wage jobs and employment matters, and many of them have been injured at work.

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580

01:27:09.930 --> 01:27:19.260

Kate Suisman, she, NWJP: So, so one reason I try to come to these meetings, and I can be because the lens that I have, through the eyes of the workers who are.

581

01:27:19.890 --> 01:27:26.280

Kate Suisman, she, NWJP: navigating the system, often on their own, sometimes with attorneys and there's some amazing attorneys who speak Spanish out there.

582

01:27:26.670 --> 01:27:31.350

Kate Suisman, she, NWJP: And, but they're not enough and often they're navigating it on their own and.

583

01:27:31.770 --> 01:27:41.700

Kate Suisman, she, NWJP: The lens we bring is how do we reduce barriers to use this system to access it and have it been successful and get back to work, which is very rarely the results I'll say.

584

01:27:42.450 --> 01:27:54.060

Kate Suisman, she, NWJP: of our clients experience but we see people have a hard time finding care and we have a lot of clients in rural areas to and finding Spanish speaking care is very, very hard.

585

01:27:54.810 --> 01:28:05.130

Kate Suisman, she, NWJP: The quality of care is often you know workers often feel like they're not being understood they're not being respected heard that there they really don't feel like the system is working for them.

586

01:28:05.640 --> 01:28:13.740

Kate Suisman, she, NWJP: And, and they also have lives to live like, if I had a workers COMP injury, I could sort of integrate it I have flexibility of power in my job.

587

01:28:14.130 --> 01:28:22.920

Kate Suisman, she, NWJP: But my clients don't in their lives and their lives are complicated and I don't even understand the proposal today I'll be totally frank and I was a bit late.

588

01:28:23.610 --> 01:28:30.120

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Kate Suisman, she, NWJP: But it just sounds like it's adding barriers and instead of thinking about reducing them, because this is a one size all.

589

01:28:30.630 --> 01:28:38.490

Kate Suisman, she, NWJP: One size fits all system and it's I'm not going to have the same experience with some of my immigrant clients who just don't have all the.

590

01:28:38.820 --> 01:28:42.990

Kate Suisman, she, NWJP: The language resources, the flexibility in their jobs and the things that I would bring.

591

01:28:43.650 --> 01:28:51.120

Kate Suisman, she, NWJP: And so, anyway, that was just the kind of lens I was hoping that you can bring as you go forward with this complicated discussion which.

592

01:28:51.960 --> 01:29:00.780

Kate Suisman, she, NWJP: I'm not tracking every angle of it and not totally sure, but it sounds like it's a more rigid hard system, and I think that, generally doesn't benefit work, thank you.

593

01:29:03.510 --> 01:29:13.800

Theresa Van Winkle: Thanks, Kate and me and I'll let matt insert chime in, so I hope this is not editorial comment, this is the purpose of today's meeting is really just a kind of discussion of just general topics.

594

01:29:14.190 --> 01:29:29.580

Theresa Van Winkle: And kind of starting to scope, you know different people's perspectives and then the following meeting the focus right now is Alan is primarily on information follow up request there's that and then we'll talk about that, when the at the conclusion of the meeting.

595

01:29:30.960 --> 01:29:35.640

Theresa Van Winkle: But I'll turn it over to Sara map to add anything else that I'm missing.

596

01:29:37.080 --> 01:29:45.420

Sara Duckwall: Well, I that that is correct, that is, the intent of this meeting is to look at some of the problems I don't know where we're after is more.

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597

01:29:45.960 --> 01:29:52.980

Sara Duckwall: Testimony that people want to provide, but I have been tracking some of the problems that I've heard, and I know that.

598

01:29:53.490 --> 01:30:04.530

Sara Duckwall: matt and I already asked for some follow up, but through the discussions today, we might have additional follow up and I don't know how long we want to save for that at the end of the meeting so.

599

01:30:05.730 --> 01:30:07.500

Sara Duckwall: My thought is if there's more testimony.

600

01:30:08.700 --> 01:30:17.760

Sara Duckwall: We should we should go get through in the next maybe 10 minutes, what do you think matt and then spend some time, and what we see as a problem and then come up with what we're looking for in the future.

601

01:30:18.870 --> 01:30:19.260

Matt Calzia (he/him): With them.

602

01:30:20.220 --> 01:30:20.580

Matt Calzia (he/him): Thank you.

603

01:30:22.350 --> 01:30:34.140

Theresa Van Winkle: Okay, I don't see anybody's hands raised up a moment, so I will do one last round of it for anybody who participated wants to chime in before we turned it to.

604

01:30:35.220 --> 01:30:35.910

Theresa Van Winkle: Next steps.

605

01:30:41.250 --> 01:30:42.270

Theresa Van Winkle: Okay, well, that was easy.

606

01:30:45.420 --> 01:30:49.980

Sara Duckwall: Teresa do you want to kick off with you know some of our thoughts, initially with some next steps and.

607

01:30:49.980 --> 01:30:52.620

Sara Duckwall: Then, yes matt and I can add to, though.

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608

01:30:53.010 --> 01:31:02.370

Theresa Van Winkle: Yes, so the three of us Matt, Sara, and I met yesterday to talk about kind of formulating a skeleton of what the next the subcommittee meeting with look like.

609

01:31:02.910 --> 01:31:17.580

Theresa Van Winkle: So, I have been asked to invite a number of individual entities to come and present on this would include represents from the MCOs, the Ombudsman for Oregon workers, Ombuds for small business.

610

01:31:18.780 --> 01:31:19.770

Theresa Van Winkle: as well.

611

01:31:20.970 --> 01:31:24.390

Theresa Van Winkle: On that is my understanding from talking to.

612

01:31:25.650 --> 01:31:31.470

Theresa Van Winkle: To WCD we may not be able to give full MAC representation at on the 16th and we're working on ways.

613

01:31:31.710 --> 01:31:40.980

Theresa Van Winkle: of sharing information, also with what came about from this meeting I sense, since MAC was and prior MAC meetings were mentioned quite a bit with I'd be a good idea for me to.

614

01:31:41.550 --> 01:31:48.840

Theresa Van Winkle: gather some relevant information from prior MAC meetings related to the scope of the subcommittee to share with all of you.

615

01:31:49.320 --> 01:32:00.360

Theresa Van Winkle: There also there's an information request for what other States are doing in regards to this kind of as much as we can and apples to apples comparison so I've started.

616

01:32:00.720 --> 01:32:05.580

Theresa Van Winkle: The conversation with w CD about this, we will meet afterwards to talk about.

617

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01:32:06.450 --> 01:32:17.220

Theresa Van Winkle: Narrowing you know the parameters of what our research will entail and run it by math and Sara to make sure we're on the right page to get it together, but our goal is to is to have that information available at the next subcommittee needed.

618

01:32:19.740 --> 01:32:24.960

Sara Duckwall: And Teresa the tentative date rates the September 16, but that has not confirmed says penciled.

619

01:32:25.440 --> 01:32:26.430

Theresa Van Winkle: Yes, it is canceled it.

620

01:32:31.290 --> 01:32:34.050

Theresa Van Winkle: And I may have missed one possible.

621

01:32:35.520 --> 01:32:36.870

Theresa Van Winkle: Information request.

622

01:32:38.100 --> 01:32:42.450

Theresa Van Winkle: That that should be presented at the 16th as well that came about during the meeting.

623

01:32:45.000 --> 01:32:49.290

Theresa Van Winkle: Scott's hands raised, and you know I miss least one of my promise within one.

624

01:32:50.100 --> 01:33:00.690

Scott Strickland (he/him) SMART 16: No, it's not that as much as I know that they'll probably be we've had some great discussion about this and I think you know I'm already kind of trying to bubble away with some ideas here.

625

01:33:01.410 --> 01:33:14.760

Scott Strickland (he/him) SMART 16: As we reach out to stakeholders are you know snap awake at night and have an idea for some insight or some other information what's the best way to kind of get that flag for a future meeting.

626

01:33:17.610 --> 01:33:18.390

Theresa Van Winkle: it's a good question.

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627

01:33:21.900 --> 01:33:26.130

Scott Strickland (he/him) SMART 16: And what while you think about that I want to reiterate I would be really interested in hearing.

628

01:33:27.360 --> 01:33:36.450

Scott Strickland (he/him) SMART 16: From MCOs and maybe some providers and others I think that's it that's a great point and and I really appreciate that being already in the works.

629

01:33:37.140 --> 01:33:45.810

Theresa Van Winkle: got some ideas on that the other piece Actually, I know that I won't share today it's I have it available but I'll wait till the next meeting is for at a prayer meeting.

630

01:33:46.410 --> 01:33:54.990

Theresa Van Winkle: WCD to put together a matrix of all of the different health care provider groups and their current statutory authority to being an attending physician.

631

01:33:55.710 --> 01:34:05.760

Theresa Van Winkle: So, includes our authorization timelines and all that so that is already published that will be part of the information we will share for the next meeting, but if you have but I can't play put in the chat now that.

632

01:34:05.940 --> 01:34:11.040

Theresa Van Winkle: I do have available, but much of its relevance for this piece of the conversation or.

633

01:34:12.060 --> 01:34:13.380

Theresa Van Winkle: it'd be more appropriate for next time.

634

01:34:15.450 --> 01:34:16.350

Scott Strickland (he/him) SMART 16: Great Thank you.

635

01:34:20.880 --> 01:34:31.920

Sara Duckwall: So, I don't know man if you're interested in hearing what might what I heard from my problem statements today, and then, if you want to add to it and kind of go from there, what do you think okay.

636

01:34:32.430 --> 01:34:32.850

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So.

637

01:34:33.990 --> 01:34:45.570

Sara Duckwall: When I heard there's a couple things the Jovanna laid out that the existing tools do work and I've heard that the existing tools on some cases do not work.

638

01:34:46.860 --> 01:34:50.310

Sara Duckwall: I know we address that verbally today, but I think something in writing.

639

01:34:50.310 --> 01:34:55.680

Sara Duckwall: To further solidify what's working what's not working, would be helpful.

640

01:34:56.730 --> 01:35:02.340

Sara Duckwall: I don't know how you feel about that man I don't know if I fully tracked or understood.

641

01:35:03.630 --> 01:35:08.430

Sara Duckwall: How they're working in and why they're not working with that be helpful to you too.

642

01:35:08.880 --> 01:35:17.580

Matt Calzia (he/him): yeah, I would appreciate that because I hear the Statute number is riddled off and I'm not an attorney so I don't have them memorized like some folks, but I think.

643

01:35:18.840 --> 01:35:22.470

Matt Calzia (he/him): Something in writing that could help me kind of dig into that would be helpful.

644

01:35:24.060 --> 01:35:37.110

Sara Duckwall: And then I also heard a problem statement of there's not enough providers and then you know, maybe Teresa that that your solution there that you know who the providers are and.

645

01:35:38.190 --> 01:35:40.560

Sara Duckwall: Could help with that one.

646

01:35:42.840 --> 01:35:43.410

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Theresa Van Winkle: on the list.

647

01:35:44.220 --> 01:35:48.480

Sara Duckwall: And then, when workers can't get into a provider if there's not enough mean.

648

01:35:49.740 --> 01:36:06.780

Sara Duckwall: Is that a true statement, how do we, how do we address that, and you know what can we get from that not our providers and they can't get into the provider that's a that's a common theme so it's definitely a problem if they can't get in So what we do there.

649

01:36:09.750 --> 01:36:12.090

Sara Duckwall: And this one was interesting to me is.

650

01:36:14.010 --> 01:36:20.490

Sara Duckwall: The workers can't afford to take off work for their appointments because either an all or nothing in the day.

651

01:36:22.140 --> 01:36:29.490

Sara Duckwall: That was really interesting and I'd like to hear potential solutions for that that seems like a real problem.

652

01:36:30.450 --> 01:36:46.800

Sara Duckwall: And you know, obviously, if they their way to replacement income they need to work to for that and that they can't then go into the doctor because it's all or nothing day and so any solutions that anyone could provide on that would be really helpful.

653

01:36:48.150 --> 01:36:51.660

Sara Duckwall: For me, because I see that as a major problem as well.

654

01:36:56.520 --> 01:36:58.410

Sara Duckwall: that's kind of what I was tracking that money.

655

01:36:59.520 --> 01:37:02.190

Matt Calzia (he/him): yeah and the other was it did sound like maybe there's.

656

01:37:04.410 --> 01:37:07.080

Matt Calzia (he/him): Some discrepancies with like what's the providers.

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657

01:37:08.520 --> 01:37:09.990

Matt Calzia (he/him): are doing with the releasing of.

658

01:37:11.730 --> 01:37:16.470

Matt Calzia (he/him): The you know different conditions of whether or not the patient can work so.

659

01:37:18.150 --> 01:37:21.990

Matt Calzia (he/him): I was a little bit confused about that, so it can seek some clarity on around.

660

01:37:24.090 --> 01:37:24.600

Matt Calzia (he/him): You know.

661

01:37:26.340 --> 01:37:33.120

Matt Calzia (he/him): Not being able to get into a provider, but then it sounds like the insurance or the employers are wanting to are feeling that.

662

01:37:35.040 --> 01:37:48.450

Matt Calzia (he/him): It seemed like there was kind of a catch 22 that the worker wants to get back to work or get back to more of work and then there's a gap of the provider, been able to release them without seeing them, but then they can't get into see them, so I don't know if.

663

01:37:49.620 --> 01:37:55.170

Matt Calzia (he/him): It doesn't seem like that easily quantified but it'd be interesting to hear more about that or.

664

01:37:57.450 --> 01:38:02.040

Matt Calzia (he/him): If there's any kind of metric to see that, and I would also be interested in metrics about.

665

01:38:03.810 --> 01:38:15.150

Matt Calzia (he/him): And I know I mentioned it before just if there's data on, you know how many bugs letters are sent it don't work, it seems like those would all be tracked in in some form or coded somewhere that may be.

666

01:38:17.970 --> 01:38:23.760

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Matt Calzia (he/him): folks can pull up it doesn't need to be super accurate, but just so we can have an idea of have a significant issue.

667

01:38:27.780 --> 01:38:28.290

Matt Calzia (he/him): dollar.

668

01:38:34.770 --> 01:38:37.650

Sara Duckwall: And I heard some potential solution.

669

01:38:39.210 --> 01:38:42.780

Sara Duckwall: You know approaches to take, and anything that.

670

01:38:44.070 --> 01:38:47.490

Sara Duckwall: Anything that we could address like we just talked about for.

671

01:38:48.840 --> 01:38:50.130

Sara Duckwall: An all or nothing day.

672

01:38:51.480 --> 01:38:57.570

Sara Duckwall: of getting in take care of that, I think that should definitely be part of a solution, I like I like that if someone.

673

01:38:57.990 --> 01:39:09.000

Sara Duckwall: could think through or the stakeholders could think through what that would look like, and I also heard some incentivizing patients to make appointments versus the penalty approach.

674

01:39:10.860 --> 01:39:18.930

Sara Duckwall: And then the continuation of care, maybe engagement, not only with the attending physician I don't know what that would look like.

675

01:39:20.370 --> 01:39:28.890

Sara Duckwall: That, I think that was interesting and then I heard to take down barriers and just as an overarching theme and I notice.

676

01:39:30.300 --> 01:39:42.240

Matt Calzia (he/him): It with the MCOs if they could maybe bring in a care manager or somehow describe what that looks like in their process because I would be curious, if that is something that differentiates.

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677

01:39:43.530 --> 01:39:47.190

Matt Calzia (he/him): Their experience and, as far as that incentivizing.

678

01:39:48.300 --> 01:39:55.200

Matt Calzia (he/him): I did read like a Meta-analysis, it was 19,000 patients over like three decades and it noted that.

679

01:39:56.730 --> 01:40:04.620

Matt Calzia (he/him): Support was a big issue with compliance to medical care and then, when it started to kind of break down that support and it looked at like.

680

01:40:05.220 --> 01:40:16.320

Matt Calzia (he/him): practical support, childcare, transportation things like that, where the big supports that helps people less though they broke down the reports, the support than a few different.

681

01:40:17.460 --> 01:40:25.500

Matt Calzia (he/him): categories, but like less of an emotional supports before they were saying like what they saw that the impact that patients, for practical.

682

01:40:26.610 --> 01:40:27.870

Matt Calzia (he/him): So, I'd be interested in kind of.

683

01:40:29.130 --> 01:40:35.160

Matt Calzia (he/him): Trying to dig into that or what along with the lines of the barriers are what are some of the reports that could eliminate those barriers.

684

01:40:49.650 --> 01:40:54.330

Theresa Van Winkle: Okay, I needed to make sure I got for wrote down with the complete thoughts of the fat loss that okay.

685

01:40:57.480 --> 01:40:59.940

Theresa Van Winkle: Is there anything else to add.

686

01:41:02.430 --> 01:41:04.350

Theresa Van Winkle: Before we close the meeting.

687

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01:41:07.380 --> 01:41:15.720

Theresa Van Winkle: Okay, I think we've got I think I've got my to do list here Madison oh I'll work with obesity and folks and we'll get something over to.

688

01:41:16.320 --> 01:41:23.670

Theresa Van Winkle: may not be till next week, depending on people's availability for me to ask questions and such tomorrow but we'll get something to you soon as we can.

689

01:41:24.090 --> 01:41:36.390

Theresa Van Winkle: For those the audience, we will get a finalized, the next meeting date and get the agenda posted as quickly as we can, but in the meantime, if you have any questions don't hesitate feel free to reach out to me on that.

690

01:41:38.070 --> 01:41:41.370

Theresa Van Winkle: Sir about any closing thoughts or lot meals, for the good of the order.

691

01:41:42.420 --> 01:41:48.210

Sara Duckwall: I just I appreciate the open nature, in which we are all coming to the table and.

692

01:41:49.530 --> 01:41:54.390

Sara Duckwall: You know what the problem statement really is, and how we can be creative on a solution.

693

01:41:56.010 --> 01:42:05.940

Sara Duckwall: yeah, I know there's maybe got off on a little bit of a wrong foot, but it seems like we're back on track and I appreciate everyone willingness to work through the through with us.

694

01:42:09.120 --> 01:42:09.990

Matt Calzia (he/him): Like right Thank you.

695

01:42:11.070 --> 01:42:15.150

Theresa Van Winkle: Okay, with that we will see you sometime on the week of September 12.

696

01:42:16.170 --> 01:42:17.580

Theresa Van Winkle: if not sooner thanks everybody.

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