

**Commission on Health and Safety and Workers'
Compensation and
University of California, Berkeley**

Update—QME Study

June 24, 2010 – Oakland, CA

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CHSWC Members

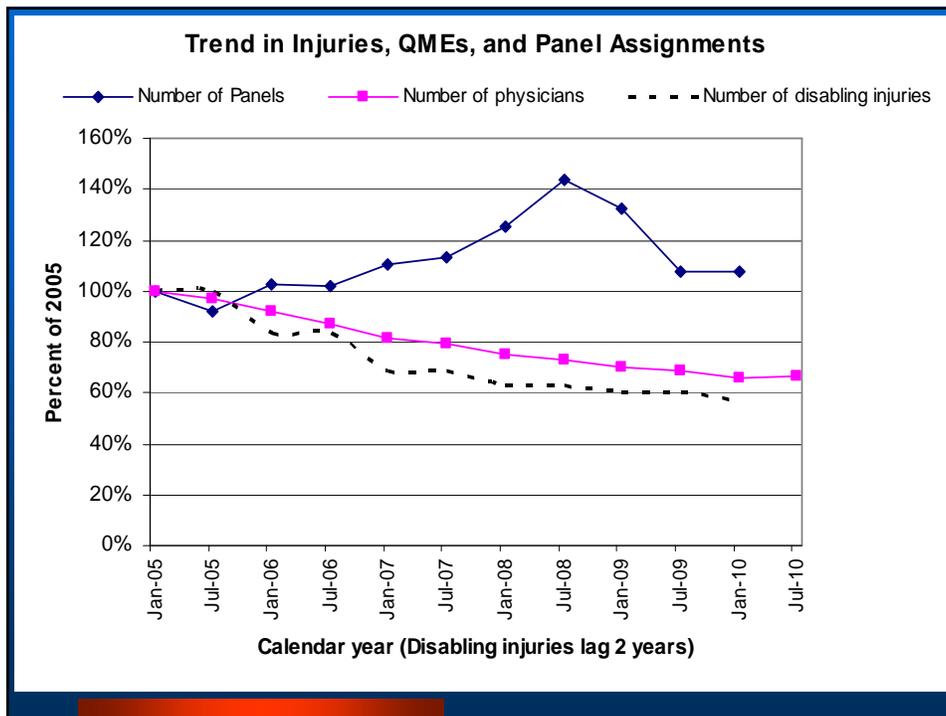
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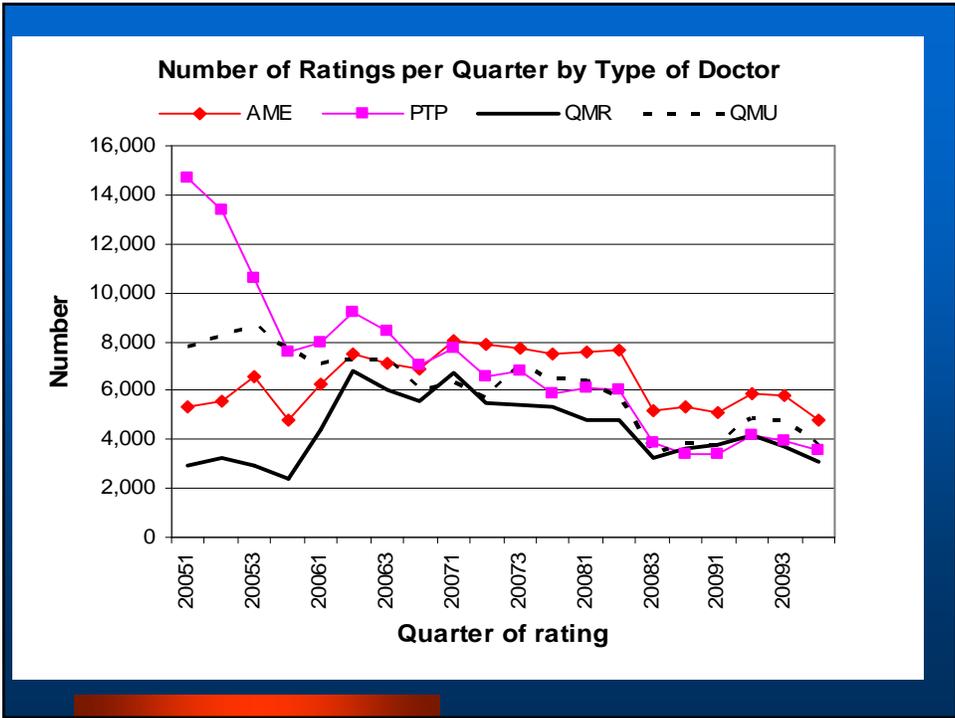
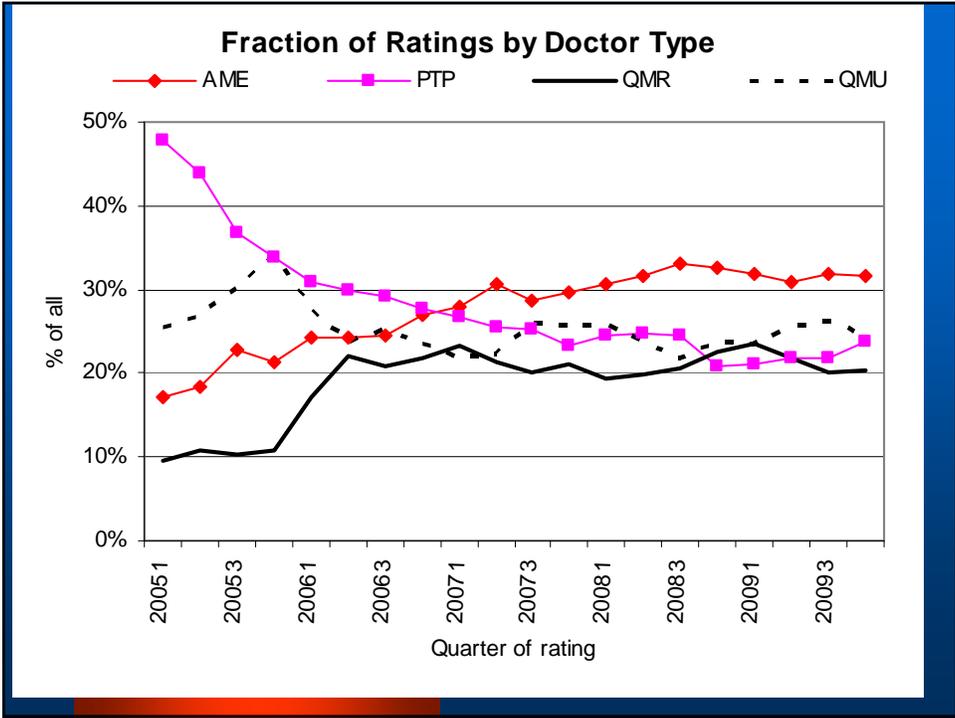
QME--Public Concerns

- **"Too few QMEs leading to delays and disputes."**
- **"QMEs are dropping out because there are too few evaluations to make it worthwhile."**
- **Contradictory or complementary?**

Evaluation--Public Concerns

- QME requests are increasing dramatically affecting availability
- AMEs are increasingly hard to schedule and require long wait times
- DEU backlogs are exacerbating delays





PD ratings

- Likely driving early increase in QME requests
 - QMEs in represented cases
 - AMA Guides lead to limits on PTP
- Not driving the spike 2007-2008
- Medical treatment issues likely driver
 - Treatment Guidelines
 - Abated after Sandhagen decision
- Most severe problems in QME scheduling likely were temporary phenomenon

Mismatch: QME Specialties and Requests

- Overall stabilization of requests and available QMEs not full solution
 - Over supply of some specialties
 - Under supply of others
- Mismatch can resolve original concerns---both claims are true.

Specialties—Percent Registered and Assigned -- 1/1/10-5/22/10

Specialty	Register	Assigned
Orthopedic	25.0%	45.8%
Chiropractic	20.7%	5.4%
Psych	16.9%	12.7%
Internal Medicine	8.8%	6.6%
Hand	7.5%	9.5%
Pain	2.1%	4.5%
Acupuncture	1.7%	0.1%

Specialties—Fraction of Requests by Specialty -- 2005 & 2010

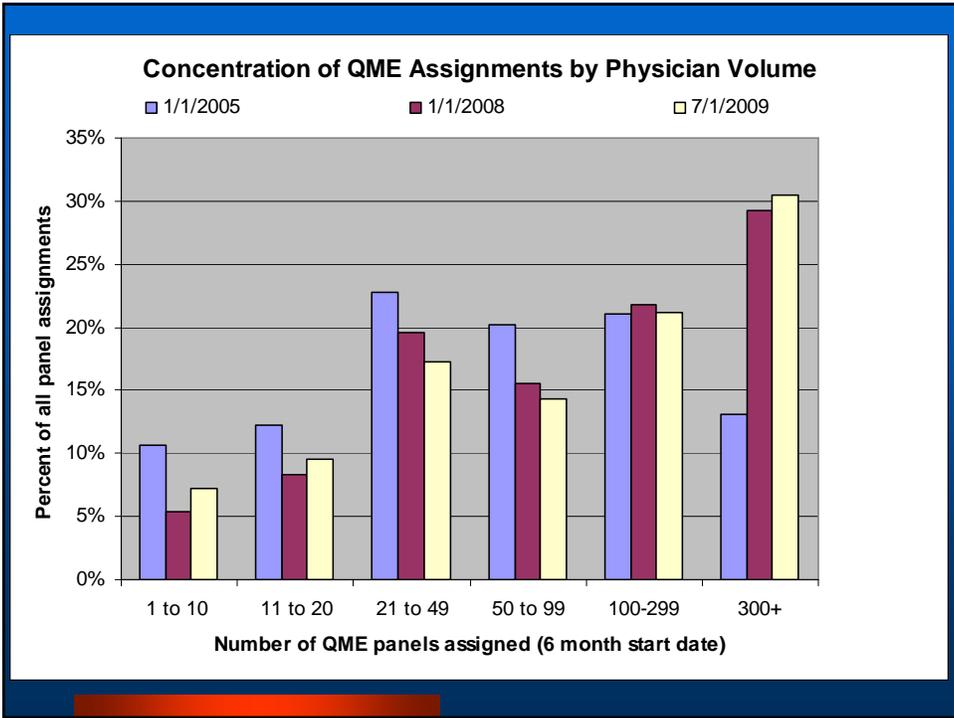
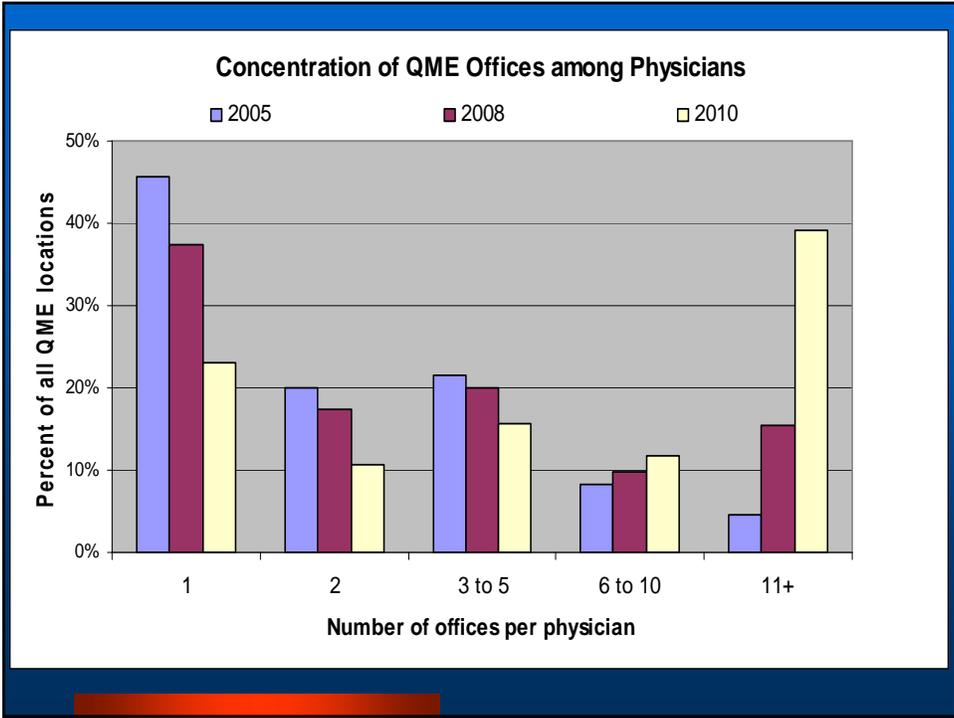
Specialty	2005	2010
Orthopedic	43.5%	45.8%
Chiropractic	13.1%	5.4%
Psych	6.5%	12.7%
Internal Medicine	4.6%	6.6%
Hand	11.9%	9.5%
Pain	1.6%	4.5%
Family Practice	1.4%	0.4%

Concentration of QME Assignments

- **Concentration can lead to**
 - Delays in scheduling
 - Declines in physicians willing to participate
 - Equity problems for workers and employers

Concentration of QME Assignments

- **QMEs randomly assigned based on**
 - Location
 - Specialty
- **If location and specialty become more concentrated, fewer QMEs will be assigned a larger fraction of evaluations**



Timeframes for Evaluations (Days)

	PTP	QME (Unrep)	QME (Rep)	AME
DOI to Report	546.2	650.4	957.5	1079.6
Rpt to Rcv'd @ DEU	116.1	63.5	111.7	123.4
Rcv'd @ DEU to Rating	75.9	98.4	54.0	33.4
Report to Rating	192.0	161.9	165.7	156.8

Preliminary Impressions

- Some perceptions of problems in QME process likely result of spike in requests
- Spike was driven by medical issues
- Those problems were temporary

Preliminary Impressions

- **Current problems likely the result of**
 - Mismatch between supply and demand for specific specialties
 - Very high concentration of assignments among a few QMEs

Preliminary Impressions

- Timeframes for reports and ratings appear too long and should be focus of efforts to reduce delays
- DEU backlog is stable
- Jump in Psych and Pain specialty requests should receive special attention
- Some specialties are rarely requested, suggesting some aggregation could reduce delays and travel for injured workers