

The background of the slide features a dramatic sunburst effect with rays of light emanating from the bottom center, set against a blue sky with scattered white clouds. On the right side, there are several semi-transparent blue circles of varying sizes arranged in a loose pattern.

YEAR 3 STUDY - ACCESS TO MEDICAL CARE FOR INJURED WORKERS
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Study Background

- Study is third in a series in which WCIS data were reviewed to measure changes in access.
- First year study, like earlier studies, found that workers were satisfied with their access to care (approximately 85 % satisfied).
- Changes in payment methods and rates were introduced in 2014, but Year 3 Study data are for the period ended December 31, 2013; effects of changes in methods and rates are not measured.

Year 3 Activities

- Gathered WCIS data for 2013 and additional data for prior years.
- Over 10 million medical bills were added for 2013, bringing total bills for the period 2007 to 2013 to over 70 million.
- Additional bills were identified for 2012 and data included in Year 2 report were revised. Changes did not affect Year 2 findings.
- Changes in trends in injured workers and medical bills led to additional research.

Findings

- The downward trend in the number of injured workers who received medical services which began in 2008 was reversed in 2013.
- The number of injured workers declined by 30% from 2007 to 2012, but increased by 5% from 2012 to 2013.
- There was an increase in the number of injured workers nationally from 2012 to 2013, but this change was much less than the increase in California (1% nationally).
- Specific reasons for the increase in injured workers have not been discerned, but there was an increase in the size of the California workforce.

Findings

- The number of providers treating injured workers followed the same pattern as the number of injured workers.
- There was a decline of 25.8% in the number of providers treating injured workers from 2007 to 2012 and an increase of 1.4% from 2012 to 2013.
- Declines in numbers of providers were greatest in the Bay Area and the Sacramento Valley and least in the Inland Empire and San Diego.
- The ratio of injured workers to providers declined by 5.4% from 2007 to 2012 and increased by 3.8% from 2012 to 2013.

Findings

- The number of medical bills submitted decreased by 18.3% from 2007 to 2012, but increased by 19.3% from 2012 to 2013.
- There was regional variation in the change in the number of medical bills submitted, with substantial decreases in the Sacramento Valley and the Bay Area.
- The number of out-of-state providers decreased but the number of bills these providers submitted increased by 97.7 %.
- The increase in medical bills submitted from 2012 to 2013 (19.3%) is far greater than the national increase.
- The number of medical bills per injured worker increased 16.9% from 2007 to 2012 and then increased by another 13.2% from 2012 to 2013.

Findings

- There was a 4.4% decrease in the number of services billed from 2007 to 2012, but a 22.2% increase from 2012 to 2013.
- There were substantial increases in report preparation and drug testing services from 2007 to 2013.
- The number of office visits classified as simpler (lower billing rates) declined as the number of office visits that were more complex (higher billing rates) increased, as is the case nationally.
- Pain medications had the highest rate of increase in use, with Oxycontin prescriptions growing more rapidly than prescriptions for any other drug.
- Inpatient average length of stay is increasing for most other payers, but declining for workers' compensation in California.

Findings

- Average charge per medical bill increased consistently from 2007 to 2012 at an aggregate rate of 28.7% over the period, but declined by 18.8% from 2012 to 2013.
- The average amount paid per medical bill was at its lowest (for the period from 2007 to 2013) in 2013.
- The amount paid per injured worker, however, was higher in 2013 than in all but two other years (2008 and 2010) because of an increase in the number of medical bills submitted per injured worker.
- When payment rates for specific services are compared, the California Workers' Compensation program paid 176% of Medi-Cal and 104% of Medicare, although the Medicare comparison is affected by differences in payment methods.

Recommendations

- There is a need to determine whether the increase in injured workers and medical bills that occurred in 2013 is the beginning of a trend.
- There is a need to determine whether the changes in payment methods that were instituted at the beginning of 2014 have affected access to care.
- There is a need to assure the continuing improvement in WCIS data. Data were considerably more complete in 2013 than in 2007 – far fewer claims are now missing procedure and diagnosis codes.