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# DWCNewsline

Division of Workers' Compensation  
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## **Division of Workers' Compensation releases latest study on access to medical care in California's workers' compensation system**

### **Study shows injured workers getting the care they need and suggests continued improvements**

The California Division of Workers' Compensation (DWC) today released the 2008 study on access to medical care for injured workers. The study, conducted by the University of Washington, Seattle (UW), shows four out of five injured workers are satisfied with their care, and the level of access to quality care appears unchanged from a similar study done in 2006.

"We're pleased to see that injured workers continue to get proper care," said DWC acting Administrative Director Carrie Nevans. "At the same time, this study does show that when workers have barriers inhibiting access to care they are more likely to be off work longer."

Among the nearly 1,000 injured workers surveyed between May and July of 2008, the vast majority reported they were able to see a doctor right away, did not have to travel more than 15 miles to see their doctor, and were satisfied or very satisfied with their overall care. Most injured workers rated their overall quality of care good, very good, or excellent. However, nearly half of injured workers reported experiencing one or more barriers to accessing care.

Those facing such barriers were found to experience longer durations of disability. Workers who encountered access barriers were more likely to be older, have a back or neck injury, have multiple injuries, not speak English well or at all, and have an attorney involved in their case.

"While we have a very effective Spanish-language outreach program for injured workers, we're always evaluating how we can do a better job of communicating about services and resources available to help workers navigate what can be a complex system," said Nevans.

About half of the survey group was a random sampling of workers injured in June 2007, described as the *all-injury workers* survey. The other half was a sample of workers with a back sprain or strain who were injured between December 2007 and April 2008 and had received some temporary disability, described as the *back disability worker* survey.

The final major component of the study was the survey of approximately 800-physicians who provided care to workers' compensation patients. Findings from the physician survey indicate no meaningful differences between the 2006 provider survey and the current 2008 survey with regard to doctor's perceptions regarding access and quality.

"The administrative requirements and paperwork burden continue to discourage providers," said Thomas M. Wickizer, affiliate professor at the Department of Health Services at UW and director of the study. "A third of the doctors surveyed indicated they plan to see fewer workers' compensation patients. Ways must be found to ease the administrative burden imposed on health care providers that treat injured workers."

A little over half (52 percent) of the doctors surveyed indicated their workers' compensation patient volume had decreased in the past two years, and one third (32 percent) reported an intention to decrease volume or quit treating workers' compensation patients altogether.

The most common reasons cited for planned decreases continue to be:

- Paperwork and administrative issues
- Utilization review issues
- Restrictiveness of treatment guidelines
- Payment, reimbursement, or fee schedule issues.

The 2003 workers' comp reforms added section 5307.2 to the Labor Code, which requires DWC to contract with an independent firm to perform an annual study of access to medical treatment for injured workers. The first study was conducted by the UCLA, Center for Health Policy Research. The 2008 study was conducted by researchers in the Department of Health Services at the University of Washington (UW) School of Public Health.

While similar in many respects to the 2006 University of California at Los Angeles (UCLA) study in order to allow for comparisons over time, the 2008 study was designed to provide more detailed information on delays and denials of care, the degree to which barriers interfere with care, and to directly analyze the effect of access barriers on disability.

More of the study's key findings can be found below. The entire study can be found on the DWC's Web site at

[http://www.dwc.ca.gov/MedicalTreatmentCA2008/2008\\_CA\\_WC\\_Access\\_Study\\_UW\\_report.pdf](http://www.dwc.ca.gov/MedicalTreatmentCA2008/2008_CA_WC_Access_Study_UW_report.pdf)

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### **Access to medical care in California's workers' compensation system Key findings**

The level of access to quality care remains basically unchanged from 2006 to 2008:

- In 2008, 80 percent of injured workers in the all-injury survey were satisfied or very satisfied with their overall care (2006: 78 percent)
- 79 percent of injured workers rated their quality of care as good, very good, or excellent (2006: question was not asked)

- 89 percent obtained initial care within three days of telling their employer about their injury (2006: 88 percent)
- 83 percent to 86 percent traveled 15 miles or less to their first medical visit (2006: 82 percent to 86 percent)
- 84 percent to 89 percent reported their doctors provided proper counseling on returning to work safely. (2006: results not directly comparable, but similarly high)
- 95 percent who were referred to a physical or occupational therapist and who wanted to see one were able to (2006: 95 percent)
- 93 percent who were referred to a specialist and who wanted to see one were able to (2006: 92 percent)
- 95 percent of those prescribed medication and wanted to fill the prescription were able to (2006: 92 percent).

For comparable measures, percentages of workers in the back disability worker survey were similar to those found in the all-injury survey above.

A number of access measures were associated with excess disability burden in the all-injury survey, with workers experiencing delays or denials of care having the greatest excess disability burden of all the individual access measures:

- Workers experiencing delays and/or denials of care had nearly three times the number of self-reported missed work days than workers not experiencing these barriers (113 vs. 39 missed work days)
- Workers experiencing any access barrier had over three times the number of missed work days than workers not experiencing any access barriers (87 vs. 26 missed work days)

In the back disability survey, almost every access measure was associated with a greater number of days on temporary disability:

- The greatest difference in the number of days on temporary disability at six months post injury was found among workers experiencing delays/denials of care vs. those not experiencing such barriers (92 days vs. 52 days)
- Controlling for demographic, work, and treatment characteristics, workers with any access barrier experienced an average of 16.5 more days of temporary disability at six months post injury compared to workers who did not experience any access barriers (42.8 days vs. 16.5 days)

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