



**pennsylvania**

DEPARTMENT OF LABOR & INDUSTRY  
BUREAU OF WORKERS' COMPENSATION

**2018**

**WORKERS' COMPENSATION  
MEDICAL ACCESS STUDY  
EXECUTIVE SUMMARY**

## **BACKGROUND / INTRODUCTION**

The Pennsylvania Workers' Compensation Act is the State law established to protect individuals who have sustained or aggravated injuries on the job or who have developed an occupationally related illness. The Workers' Compensation system protects both employees and employers. Employees receive medical treatment and are compensated for lost wages, and employers provide for the cost of such coverage while being protected from direct lawsuits by employees. Workers' Compensation is a critical resource for injured workers.

The Pennsylvania Department of Labor & Industry (DLI) is required by the Workers' Compensation Act to retain the services of an independent consulting firm to perform an annual accessibility study of healthcare services for injured workers. Pennsylvania's workers' compensation law aims to ensure access to quality care as well as cost containment.

The Workers' Compensation Act:

- Caps provider reimbursement at 113 percent of Medicare reimbursement mechanisms.
- Mandates an annual study be conducted by an independent consulting firm to study injured workers' access to quality healthcare and products.
- Enables employers to establish lists of designated health care providers (panels). When panels are utilized, injured workers are required to be treated by members of the panel for the first 90 days from the date of the first visit for their injury.

The Medical Access Study collects data from injured workers, healthcare providers, and insurance companies in the Commonwealth of Pennsylvania to consider the effects the current fee schedules and utilization of provider panels may have on access to quality care and lost days from work.

### **Methodology**

The 2018 Medical Access Study was derived from survey data and analysis. Survey results are weighted to compensate for over-represented cohorts within the respondent population except for age and gender since they are the variables used to calculate the weights. The survey instruments can be found in the appendices. Survey information is collected from three groups of stakeholders:

- Injured Workers
- Providers
- Insurance Companies

**Injured Workers** - Surveys were mailed to injured workers with dates of injury ranging from January 1, 2018 to December 31, 2018, asking respondents about the treatment they received for their work-related injury. Quarterly data files were provided by the DLI with the injured worker's name, address, demographics and date of injury. In order to narrow down the universe while

ensuring a representation of all insurance types, a sample was selected from the top insurers for each insurance type group (Carrier, Group Insured and Self-Insured) for each quarter.

Surveys were mailed quarterly after the end of the quarter the injury occurred. Prior to the mailing, each name on the provided injured worker list was processed for name duplication, physical address validity, and 'USPS Move Update' to capture recipient address changes. Once validation was completed, all names on the list were mailed a survey. To preserve confidentiality, other than the mailing address on the cover letter, the injured workers' names were not used in the survey. Each survey was assigned a unique code to allow for the collection of demographic information.

In an attempt to increase return rates, the survey outreach process included subsequent second request mailings, emails, and follow-up postcards. These were effective in generating over 200 additional responses. Twenty-seven responses were received after postcard follow-ups and 194 from mailing follow-ups. Follow-up emails provided an additional 42 surveys.

**Providers** – Newly revised surveys for the 2018 study were emailed in January 2019 to the providers and practices that administered care to injured workers in 2018. Respondents were asked about their experiences with injured workers, insurance carriers, and reimbursement. Surveys were sent out to providers in several ways. The first group of surveys were to the providers who responded to the 2017 survey for whom email addresses could be located. The second group consisted of 13 associations with names and email contact information provided by DLI. The associations were sent a survey URL link to share with their members either by email or to post on their website. The changes in survey format and respondent contact proved effective as the number of providers represented more than quadrupled, rising from 335 in 2017 to 1,489 in 2018.

**Insurance Companies** - Surveys were emailed in January 2019 to insurers that were prominently represented in the data file of injured workers. Respondents were asked about their experiences relating to provider panels and injured worker satisfaction. Surveys were sent to insurance companies (carriers), group self-insureds, third party administrators, and self-insured employers by mail and by email using a list provided by DLI.

### **Data Weighting: Age and Gender**

Selected data cuts were analyzed and presented in age cohorts and by gender. Weighting factors were applied to balance the volume of responses with the volume of injuries. For example, the volume of responses received by the Over 50 age cohort was 59.7%, but proportionally, the Over 50 category only represented 33.9% of the sample. To balance out the difference across the other categories within the different age cohorts, a weighting factor is utilized. The same weighting methodology is used for gender.

### **Completion Rate**

Respondents sometimes left questions blank in the injured worker survey, i.e., not all questions were answered by all responders. Over 63.2% of the surveys had all the questions completed. This was substantially higher than last year with only a 38.2% completion rate. This is likely a result of the changes in the survey which simplified the format, changed the reading level, and reduced the number of primary questions from 34 to 12.

# **SURVEY OF INJURED WORKERS**

## *Outcomes Measured*

The Medical Access Study offers a variety of statistics supporting the assessment of Pennsylvania's Workers' Compensation program. The data gathered from injured worker surveys offer information that, when viewed in conjunction with an understanding of the relationships between the different metrics, provides insight into four key areas:

- Timely Access to Appropriate Care after Injury
- Patient Satisfaction
- Prompt Return to Work
- Acknowledgment of Workers' Compensation Rights and Duties and Provider Panels.

## *Injured Worker Responses*

From a total of 9,272 surveys mailed to injured workers, 807 responses were received. The response rate for injured workers was 8.7%, which is a decrease of 2.0% compared to the 2017 response rate. Without the follow-ups, the response rate would have declined to less than 3%.

Declines in survey response rates have been noted nationally across a variety of survey populations and has been described by the term "survey fatigue." Survey fatigue includes the phenomenon of degrading quality of data consistent with survey abandonment prior to completion and survey avoidance. The length of the survey can contribute to survey fatigue; this is an important consideration for the injured workers' survey as it previously had more than 30 questions but was modified for 2018 to include only 12 questions.

<b>Year</b>	<b>Response Rate</b>
2018	8.7%
2017	10.7%
2016	11.4%
2015	16.0%
2014	17.6%
2013	16.4%

## Timeliness

<b>Timely Access to Appropriate Care</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Seen by a Doctor Within 48 Hours	87.1%	88.7%	88.1 %	85.7 %	87.5 %	82.3 %
Doctor Explained Diagnosis	86.1%	85.7%	89.1 %	84.4 %	82.6 %	86.3 %
Doctor Discussed Treatment Options	74.7%	75.8%	79.4 %	79.7 %	78.0 %	80.5 %
Initial Diagnosis Correct*	64.5%	67.6%	68.5 %	71.1 %	78.0 %	80.1 %
<b>Right to Choose</b>						
Rights and Duties Explained at Injury**	66.7%	73.4%	70.9 %	73.3 %	79.2 %	87.0 %
Choice Respected**	65.7%	70.3%	73.0 %	72.9 %	76.1 %	70.5 %
<b>Patient Satisfaction</b>						
Overall, Very Satisfied or Satisfied with Care	83.8%	89.9%	89.7 %	79.4 %	89.9 %	88.3 %
Medical Care Same or Better as Other Healthcare	83.8%	86.0%	86.0 %	87.6 %	88.5 %	82.9 %
Satisfied with Timing of Return to Work***	70.8%	69.4%	72.5 %	68.1 %	71.8 %	70.3 %
<b>Lost Time &amp; Return to Work</b>						
Average Days Lost Per Injury	55.8	47.0	45.3	32.3	22.0	29.1
Average Days Lost Per Worker****						55.3
Average Days Prior to Returning to Work***						34.3
Percent Without Other Injury After Return to Work***	92.9%	95.7%	94.9 %	94.3 %	94.6 %	94.6 %

\* This was a skip question in previous surveys and did not capture the experiences of all respondents for this metric. The 2018 survey allowed all respondents to answer this question.

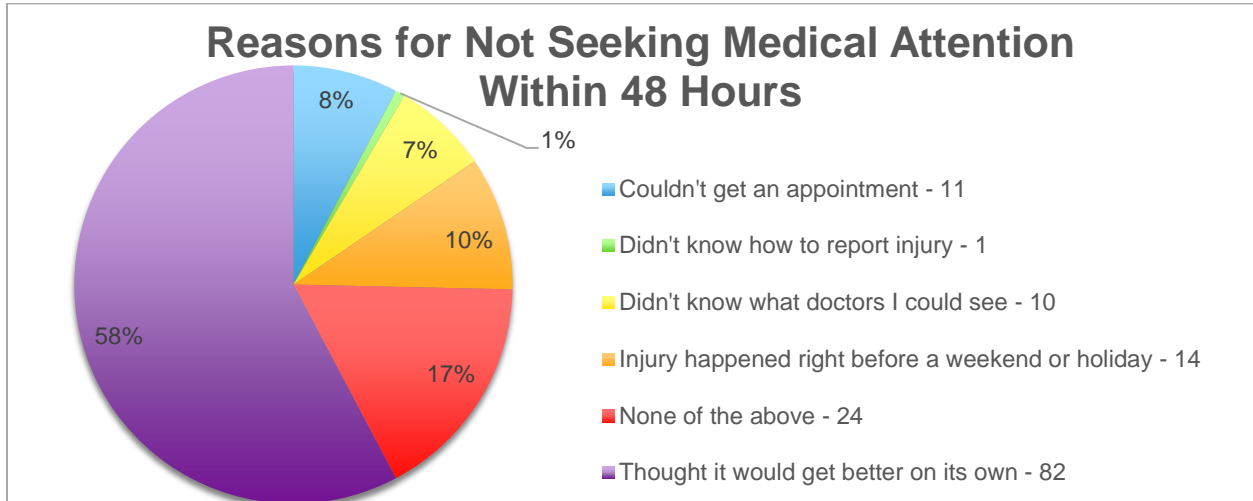
\*\* Only injured workers indicating they were subject to using a panel were included.

\*\*\*Only injured workers with lost time who indicated they had returned to work included.

\*\*\*\*Only injured workers who indicated they had experienced lost time included.

Previous studies have demonstrated a correlation between early entry into the health care system and early return to work. Identifying when workers first receive treatment is an important metric to investigate in order to determine barriers to timely access to care. Seen by a Doctor Within 48 Hours was down 5.2%. As in the past, workers who lost time at work who did not access care within the first 48 hours took longer to return to work; 2018 workers experiencing delayed treatment returned to work an average of two weeks later than workers who received care soon after the injury occurred.

In general, timing of the injury played less of a roll in delayed care than the combination of identifying providers and arranging to be seen.



### Re-injury Rate

In the PA Medical Access Study, the percent of workers who returned to work and did not have an additional injury remained flat at 94.6%. The absence of additional injuries after returning to work suggests workers continue to return to the workforce after an appropriate convalescence or to appropriate light duty positions.

### Wait Time by Provider Specialty

Injured workers who saw a specialist in the weeks following their injury were asked about their wait times to be seen by the specialist. Injured workers waiting to see a Neurologist or Neurosurgeon reported the highest percentage of wait times of two weeks or more with 52.8%. The wait times for a Dentist or Oral Surgeon and Pain Management were the next highest rates of wait times over two weeks with 41.2% and 40.0% respectively.

## **SURVEY OF PROVIDERS**

### *Provider Responses*

#### **Panel Providers**

<b>Served on a Panel</b>	<b>Count</b>	<b>Percent</b>
No	543	39.1%
Yes	847	60.9%
Unanswered	52	
<b>Total</b>	<b>1442</b>	

#### **Case Mix**

A majority of the providers who responded (89.0%) have less than 25% of their patients covered by Workers' Compensation. The percentage is higher than the 83.0% reported in 2017, but is improved from the 2016 percentage.

<b>What percentage of your current patients, or your groups' patients, are covered by Workers' Compensation?</b>	<b>2015 Percent</b>	<b>2016 Percent</b>	<b>2017 Percent</b>	<b>2018 Percent</b>	<b>2018 Total</b>
Less than 5%	47.9%	43.0%	27.1%	47.6%	481
From 6% - 25%	40.4%	52.1%	55.9%	41.4%	418
More Than 25%	11.6%	4.9%	16.9%	11.0%	111
Unanswered					432

#### **Repricing**

<b>As a panel provider, the average reimbursement received when compared to the Pennsylvania Workers' Compensation Fee Schedule is:</b>	<b>Percent</b>
Always the Same	4%
Usually the Same	2%
Usually Discounted by about 10%	60%
Usually Discounted by about 20%	18%
Usually Discounted by more than 20%	0%
Varies Too Much to Say	16%

## Utilization Review

Question	Yes	No
In the past 12 months, have you had a utilization review?	780	92
In the past 12 months, did you have to delay treatment to an injured worker while you waited for a utilization review determination?	227	555
In the past 12 months, did you treat an injured worker without receiving payment because you were waiting for a utilization review determination?	731	49
In the past 12 months, did you refer an injured worker to another provider because a utilization review found the treatment you were providing was unreasonable/unnecessary?	10	725

## SURVEY OF INSURERS

### *Insurer Responses*

#### **Dismissal of Panel Providers**

The top reasons for dismissing providers were refusing to accept workers' compensation patients, employer and worker complaints, and poor patient outcomes. These are all indications of concern for the patient.

#### **Medical Marijuana**

Carriers were asked if they would reimburse for reasonable and necessary medical marijuana. Only one carrier indicated they would cover medical marijuana treatment; however, 38% responded their organizations had not yet decided whether they would cover the treatment or not. Two of the carriers indicated they had no trouble covering the treatment once the federal government made it legal.



## **CONCLUSION**

- Injured workers have timely access to quality care that allows workers to return to work upon completion of an appropriate convalescence.
- Injured workers are generally satisfied with care through Workers' Compensation.
- The percentage of workers seen within 48 hours of injury declined from previous years and wait times for appointments with certain provider specialty types such as neurologists and psychologists can be several weeks.
- The Pennsylvania Workers' Compensation Fee Schedule remains competitive with other lines of insurance within the health care industry and for injuries covered by auto insurance. Compensation to providers should not be a barrier to access to care.
- The data showed a decrease in the proper administration of the panels as reported by injured workers; however, improvements in the survey tool provided insight into panel administration and determined that improper use is sometimes driven by the employee failing to use the panel provider rather than always being a result of employer directed care.
- Almost one out of three providers reported withholding/delaying patient treatment due to a pending utilization review.
- Most insurers are not currently covering medical marijuana, and few reported receiving any claims for the treatment at this time.

## **RECOMMENDATIONS**

- Continue to monitor the competitiveness of the Pennsylvania Workers' Compensation fee schedule.
- There is an opportunity to educate employers and workers in the proper use of panels.
- There is an opportunity to continue to educate employers and workers on the benefits of being seen within 48 hours of injury.
- There is an opportunity to explore whether DLI can partner with other agencies to investigate whether anything can be done to improve access to specialty provider types with extensive wait times.
- The Bureau can provide education to Utilization Review Organizations and providers relating to improving the turnaround times for utilization review requests.
- Continue to monitor the reimbursement trends of medical marijuana in future studies.
- Pennsylvania Department of Labor and Industry should continue to investigate options to increase the response rates in surveyed populations. Given the significantly higher response rate associated with injured worker email contacts, it may be fruitful to investigate how more worker emails can be obtained.