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BULLETIN

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A new CWCI study finds that overall, injured workers' access to medical care for their initial treatment remained relatively consistent between 2010 and 2020, though the analysis confirms that average and median wait times for the first doctor visit vary by type of treatment, and as in group health and other systems, those living in rural areas have the farthest to travel and access to fewer providers, especially specialists.

To analyze access to treatment in the California workers' compensation system, CWCI researchers used data from more than 1.5 million job injury claims with 2010 through 2020 injury dates to measure changes in the average and median number of days between the employers' notification of the injury and first treatment, as well as the average distance that injured workers had to travel to receive initial care over that 11-year span. Results on the time to first visit were calculated for all types of treatment, as well as for Evaluation and Management (E&M) visits, Physical Medicine (PM) visits, and for the top five surgical services rendered in workers' compensation. The average distance traveled to the first treatment was calculated for all claims in the study sample, with additional breakdowns showing the average distances traveled by injured workers living in urban, suburban, and rural areas of the state.

Overall, the average number of days from employer notice to the first treatment during the 11-year study period ranged from a low of 3.3 days for accident year (AY) 2011 claims to 4.4 days for claims from 2020, which was the first year of the pandemic. The median number of days to first treatment, however, showed no change, with the median values across all 11 years indicating initial care rendered on the same day that the employer was notified of the injury. Likewise, the average time from the employer's notice to the first E&M visit showed little change over the 11-year span, ranging from 4.1 days for AY 2011 claims to 5.2 days for AY 2020 claims, but again the median values across all 11 years indicated initial E&M service on the same day that the employer was notified.

In contrast, the average days to the first physical medicine visit increased from 31.8 days for AY 2010 claims to 37.5 days for AY 2015 claims, then trended back down to 31.2 days for AY 2020 claims. The median number of days to first physical medicine visit followed a similar pattern, increasing from 15 to 20 days between AY 2010 and AY 2015, then decreasing to 15 days by AY 2020. The study notes that most of the increase in the number of days to the first Physical Medicine service began in 2013, coinciding with legislative changes and emergency regulations impacting workers' comp Medical Provider Networks (MPNs) and the Utilization Review (UR) process – including a mandate that treating physicians use a new Request for Authorization form that took effect January 1, 2013, and the requirement that disputes over medical necessity of a requested treatment be resolved through the new Independent Medical Review (IMR) process. The subsequent declines in both the average and median days to the first Physical Medicine visit may have resulted from improved processes by payers and medical providers as they became familiar with the new requirements.

The data on the amount of time elapsed between the employer notification of injury and the date of the first surgery service for the top five surgery codes found significantly different timeframes for the initial service, which likely reflects the differences in the scope and complexity of these surgical services and differences in the pre-surgery condition of the patients receiving them. For example, wound repairs and splinting are relatively simple surgical procedures that are often clear-cut treatment choices for injuries requiring immediate care, so across all 11 years both the average and median time elapsed between the employer notice and the surgical visit indicated that wound repair and splinting services were rendered on the same day the employer was notified of the injury. In contrast, aspiration of, or injection into, a major joint or bursa is a somewhat more complex surgical procedure that may be recommended by the treatment guidelines if a condition does not subside over time or with alternate treatment. In claims involving these surgical services, the average and median number of days from the employer's notice of injury to the delivery of these procedures increased by 17 and 28 days respectively over the 11-year study period. Similarly, the average number of days to an injection of a therapeutic agent into a tendon or ligament increased from 92.2 days for AY 2010 claims to 104.7 days for AY 2020 claims, while the median days increased from 70 to 91.

Another key measure of medical access is the distance a patient must travel to receive treatment. Using data from the study sample of 1.5 million claims, the authors calculated the distance from each injured worker's residence to the location of their initial treatment. Average distances traveled by injured workers across California were then calculated for each of the 11 years in the study, with separate results broken out for injured workers living in urban, suburban, and rural areas of the state. This analysis found that the average distance traveled by all California injured workers to their initial treatment showed little variation from 2010 to 2020, ranging from 5.3 miles in 2015 to 5.7 miles in 2011. Not surprisingly, the average distances that injured workers living in the more densely populated urban and suburban regions was about one-third to one-half of the average for those living in less densely populated rural parts of the state. But even among rural residents, who as of AY 2020 comprised 8.8 percent of the injured work force, the average distance traveled showed little change over the 11-year span, ranging between 11.0 and 13.1 miles.

In all cases, the average distances traveled were well within the medical access standards established by the state for MPNs, which now account for nearly 92 percent of all workers' compensation treatment in the state. Those standards require that injured workers have a choice of three workers' compensation primary care providers within 30 minutes or 15 miles of their home or workplace; a choice of 3 medical specialty providers within 60 minutes or 30 miles; and a hospital emergency room or a non-hospital provider of all emergency healthcare services within 30 minutes or 15 miles. The results of the proximity to care analysis also track with results of CWCI's April 2021 research which found that 99 percent of claims in which treatment was rendered by an MPN provider, and 98 percent of non-MPN claims met the state's access standards.

To gain practical insight into the administrative burdens of rendering treatment in the California workers' compensation system, the Institute also conducted interviews with workers' compensation primary care and specialty physicians and clinic administrators. Issues raised in those interviews that the providers and administrators felt could impact access to care, either by delaying treatment or reducing the number of providers willing to work within the system, included:

- the difficulty of identifying and securing referrals to specialists and physical therapists who will accept new patients, or who are willing to complete the required reports or commit to ongoing patient care;
- the additional time required to coordinate with the injured worker's attorney if a claim is litigated or a treatment request is denied;
- the quantity of required forms and reports, the lack of automation associated with the mandatory paperwork, the repetitive nature of document submissions for each claim, and the difficulty of determining the claim number and claim adjuster contact information needed to submit reports and billings;
- limitations and requirements imposed by state law, the Official Medical Fee Schedule and MPN contracts in regard to the amounts that can be billed, who can be billed, and how bills must be submitted;
- the time and resources required to appeal modifications or denials of treatment or charges; and
- the significant amount of time required to complete forms, reports, and other administrative tasks.

Noting that many of these issues are not unique to workers' compensation, and that physicians providing care under group health, Medicare, Medi-Cal, and other health systems experience similar administrative burdens, the study authors also cited initiatives undertaken by the DWC to address some of the issues that are specific to the California workers' comp system.

More details from the study are in a Report to the Industry, "Can Access to Medical Care in California Workers' Compensation Be Improved?" CWCI members and research subscribers can download a free copy from the Research section of the Institute website by clicking here, others may purchase a downloadable copy from CWCI's online store here.

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