Texas Department of Insurance
Workers' Compensation Research and Evaluation Group

Access to Care, Satisfaction with Care, and Health-related Outcomes

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5. Access to Care, Satisfaction with Care and Health-Related Outcomes

Ensuring high quality medical care for injured employees at reasonable costs for Texas employers continues to be a challenge for the Texas workers' compensation system. As the number of claims decrease and costs begin to stabilize in the system, additional pressure is placed on ensuring that every dollar spent on claims is "value-added," meaning that the benefits being provided to injured employees enhance their ability to return to work as quickly and safely as possible. Section 4 highlighted how medical costs and medical utilization has changed over time. This section examines quality of care issues and whether the system has seen improvements in these issues over the past few years. While some elements of HB 7, including the pharmacy closed formulary, are still too new to be fully evaluated, this section provides results from the sixth annual network report card on the impact of health care networks on access to care, satisfaction with care and health-related outcomes.

Survey Design and Data Collection

TDI conducted two injured employee surveys to compare injured employee experiences with their medical care (access to care, satisfaction with care, health-related outcomes), as well as to collect information regarding their experiences returning to work after their work-related injuries post-HB 7 implementation. The first survey was conducted in the spring of 2012 and the second survey was conducted in the summer of 2012. For both surveys, TDI drew a random probability sample of employees who received at least one Temporary Income Benefit (TIBs) payment (i.e., those employees with more than 7 days of lost time). The sample was further stratified by injury type and employees were surveyed at approximately 6 months post-injury.[1] The survey instrument used for both of these surveys utilized standardized questions from the Consumer Assessment of Health Plans Study, Version 3.0, the Short Form 12, Version 2, the URAC Survey of Worker Experiences and previous surveys conducted by the Texas Department of Insurance, Workers' Compensation Research and Evaluation Group.

Selection of Treating Doctors Recommended by Employers

Prior to the passage of HB 7 in 2005, injured employees had the ability to select a treating doctor from the list of doctors who registered and received approval from the Division of Workers' Compensation (TDI-DWC) to participate on TDI-DWC's Approved Doctor List (ADL). The ADL contained approximately 14,000 medical doctors (MDs),

[1] A total of 3,876 injured employees were surveyed in 2012 by the University of North Texas, Survey Research Center.

osteopaths (DOs), chiropractors (DCs), and other doctors (i.e., dentists, podiatrists, etc.) who agreed to participate at some level in the Texas workers' compensation system. In an effort to improve access to care for non-network claims and to reduce administrative burdens for doctors treating injured employees, HB 7 eliminated the ADL.[2] At the same time, HB 7 paved the way for certified health care networks to treat injured employees.

Under the new certified health care network model, injured employees, whose employers had agreed to participate in these networks and who lived in the networks' service area and received notice of the networks' requirements, were required to select a treating doctor from the networks' list of contracted doctors.

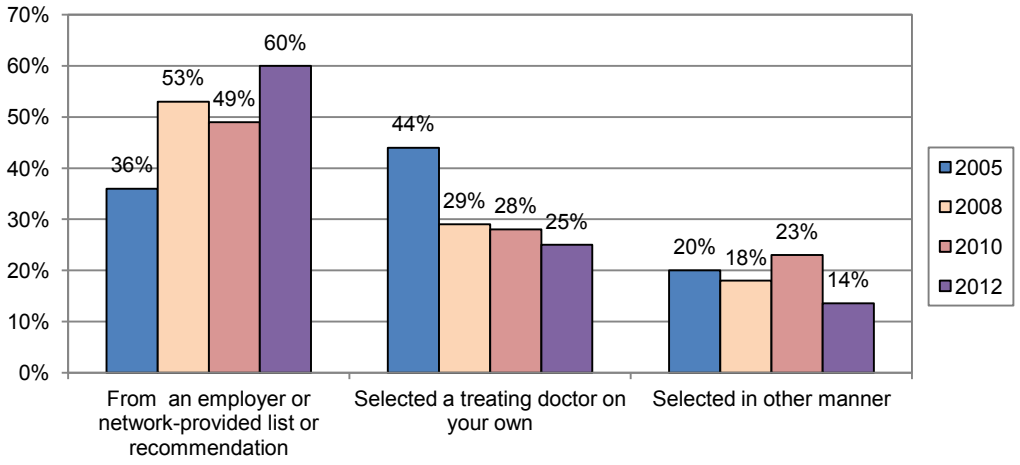
While injured employees were allowed to select their own treating doctors prior to the passage of HB 7, a significant percentage of employees reported (in this and in previous studies in Texas) that they selected a doctor recommended to them by their employer or insurance carrier. As Figure 5.1 shows, a higher percentage of injured employees surveyed in 2012 (60 percent) reported that they selected a treating doctor who was recommended to them by their employer or part of their network's list of treating doctors, compared to employees surveyed in 2005 (36 percent). This finding is not surprising given the rising usage of workers' compensation health care networks in Texas during this time.

The Workers' Compensation Act and Rules allows a variety of medical specialties, including MDs, DOs, DCs, dentists, podiatrists and optometrists to serve as treating doctors for non-network claims. However, HB 7 allowed certified health care networks to select or designate certain medical specialties to serve as treating doctors for network claims. In 2012, 82 percent of injured employees surveyed reported that they selected an MD as their first treating doctor compared with 57 percent in 2005. With the increased usage of networks, the percentage reporting that they selected a DC as their treating doctor has slipped from 16 percent in 2005 to 11 percent in 2012, while the percentage reporting that they selected a DO or other type of doctor as their treating doctor fell from 27 percent in 2005 to 7 percent in 2012 (see Figure 5.2).[3]

[2] Even though the Approved Doctors List (ADL) expired on August 31, 2007, TDI-DWC continues to regulate health care providers treating injured employees in the system. Doctors must continue to disclose financial interest in other providers, practitioners and facilities, etc. to TDI-DWC, as well as obtain training and testing for the assignment of impairment ratings and maintain a medical license in good standing in the jurisdiction where care is being provided.

[3] As of November 1, 2012, none of the workers' compensation health care networks certified by TDI utilize chiropractors as treating doctors.

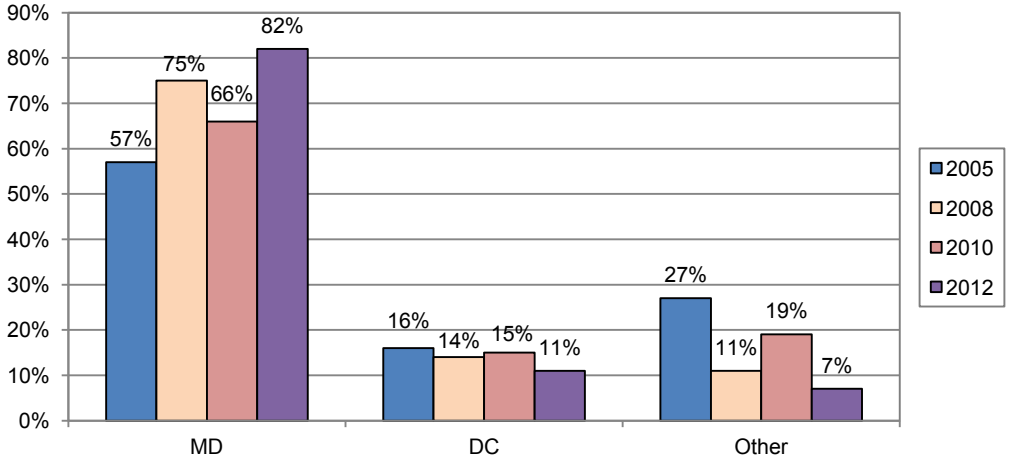
Figure 5.1: Methods Injured Employees Reported Using to Select Their Treating Doctor



Note: "Selected in other manner" includes recommendations from family or friends or other coworkers, among others.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, Survey of injured employees 2005, 2008, 2010, and 2012.

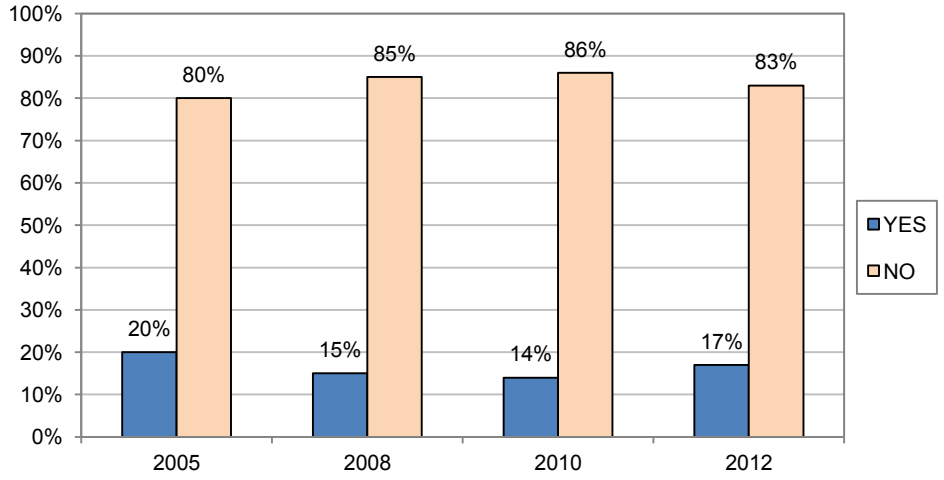
Figure 5.2: Type of First Non-emergency Treating Doctor Selected by Injured Employees



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, Survey of injured employees 2005, 2008, 2010, and 2012.

A higher percentage of employees surveyed in 2012 (83 percent) indicated that the doctor they saw for their workers' compensation medical care was not the doctor they normally saw for their routine medical care compared with 2005 (80 percent). This change may be the result of more employees seeking medical care through workers' compensation health care networks, which to date, are not generally associated with group health plans that provide routine medical care (see Figure 5.3).

Figure 5.3: Was the Doctor Who Saw You for Your Work-related Injury or Illness the Doctor That You Normally See for Your Routine Medical Care?



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, Survey of injured employees 2005, 2008, 2010, and 2012.

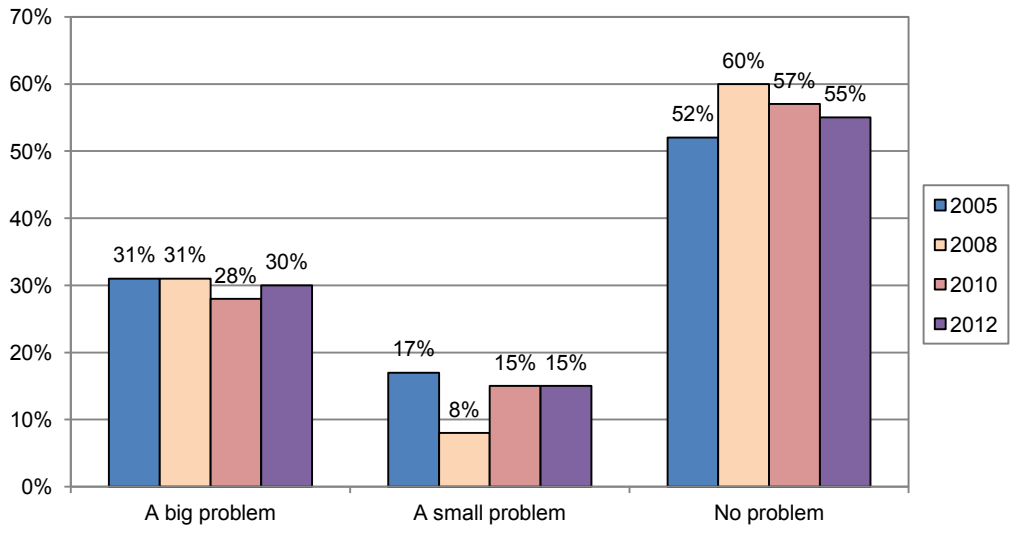
Improvements and Perceptions in Access to Care in Networks

Before the 2005 legislative session, concerns were rising about injured employees' access to care within the Texas workers' compensation system. Doctors, particularly surgical specialists such as neurosurgeons and orthopedic surgeons, were refusing to take new workers' compensation patients because of administrative burdens related to treating workers' compensation cases and inadequate reimbursement levels resulting from the Texas Workers' Compensation Commission's adoption of the 2003 Medicare-based professional services fee guideline.[4] In an attempt to increase health care provider participation in the Texas workers' compensation system, DWC adopted a new professional services fee guideline (effective March 1, 2008), which raised reimbursement levels for doctors and added an annual inflation adjustment based on the annual Medicare Economic Index, the weighted average of price changes for goods and services used to deliver physician services. Additionally, changes made by HB 7, including the adoption of evidence-based treatment guidelines (effective May 1, 2007) and the elimination of ADL registration requirements (effective September 1, 2007) were made to increase certainty regarding the medical necessity of treatments that would be reimbursed in the system and to reduce administrative burdens.

[4] On August 1, 2003, the system's first Medicare-based professional service fee guideline took effect. While this fee guideline increased reimbursement for some categories of services, including primary care, reimbursements for specialty surgery services were significantly reduced. On the whole, the reimbursement rates for professional medical services in the Texas workers' compensation system went from approximately 140 percent of Medicare to approximately 125 percent of Medicare.

Based on the results of recent injured employee surveys, a higher percentage (55 percent) of employees surveyed in 2012 reported "no problem" in getting the medical care they felt they needed for their work-related injury compared to 52 percent of employees surveyed in 2005; however, this was down from 60 percent in 2008 (see Figure 5.4). The availability of doctors who are accepting workers' compensation patients is an issue that TDI-DWC has and will continue to monitor closely.[5]

Figure 5.4: Percentage of Injured Employees Who Reported Having Problems Getting Medical Care for Their Injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, Survey of injured employees 2005, 2008, 2010, and 2012.

As Tables 5.1 illustrates, injured employees who received medical care from workers' compensation networks generally reported higher perceptions regarding their access to care experience in 2012, despite restrictions on choosing their own treating doctor. However, on the question regarding the ability to see specialists, injured employees in networks reported poorer perceptions than non-network injured employees.

A slightly higher percentage of injured employees surveyed in 2012 (19 percent) reported that their ability to schedule a doctor's appointment was worse than their normal health care, compared to 12 percent of employees surveyed in 2005 (see Figure 5.5). This is likely the result of differences in injured employees' perceptions about difficulties scheduling doctor's appointments for network and non-network claims. As Table 5.3

[5] For detailed report on the access to medical care, see REG's "Access to Medical Care in the Texas Workers' Compensation System, 2012 Results" available at REG's reports page (www.tdi.texas.gov/reports/report9.html).

shows, with the exception of two networks, a higher percentage of employees receiving medical care in networks reported that their ability to schedule a doctor's appointment was better or about the same than employees receiving medical care outside of networks.

Table 5.1: Since You Were Injured, How Often Did You Get Care as Soon as You Wanted When You Needed Care Right Away?

How often did you get care?	Non-network	504-Alliance	504-Others	Corvel	Coventry	First Health	IMO	Liberty	Travelers	Texas Star	Zurich	Other networks
Always	48%	66%*	58%	51%	56%*	41%	52%	53%*	62%*	54%*	49%	56%*
Usually	20%	17%*	20%	13%	19%	23%	18%	20%	13%*	16%*	18%	19%
Sometimes/Never	31%	18%*	23%	36%	25%*	36%	30%	27%*	25%*	30%*	32%	25%*

Notes: Asterisks (*) indicate that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for risk factors such as injury type, type of claim, and age differences that may exist between the groups. Percentage for each network may not add up to 100 percent because of rounding.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2012.

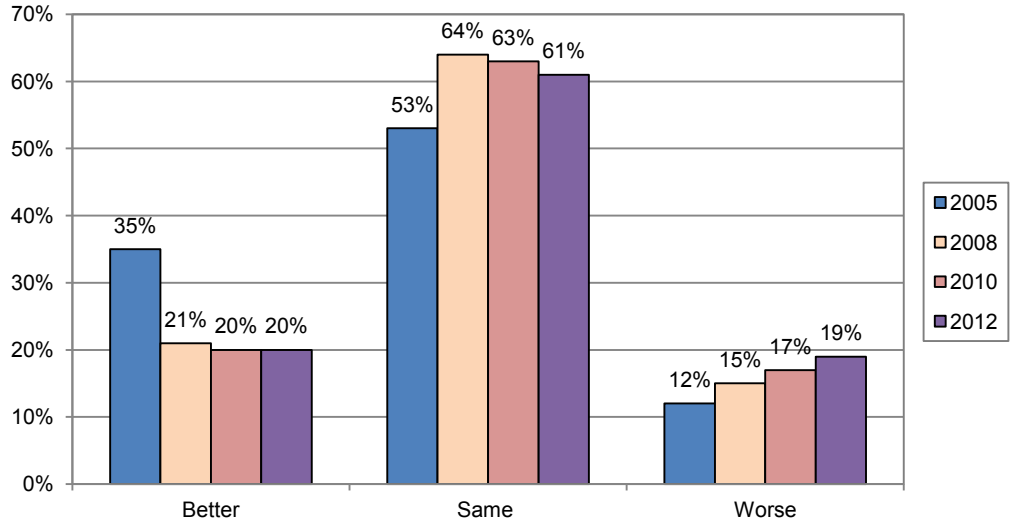
Table 5.2: Overall for Your Work-related Injury or Illness, How Much of a Problem, If Any, Was It to Get a Specialist You Needed to See? Was It…

How much of a problem?	Non-network	504-Alliance	504-Others	Corvel	Coventry	First Health	IMO	Liberty	Travelers	Texas Star	Zurich	Other networks
Not a problem	71%	75%*	60%*	67%	61%	72%*	59%	68%*	68%*	69%*	68%*	73%*
A small problem	12%	10%*	16%*	8%	15%*	12%*	11%*	12%*	13%*	13%*	11%*	10%*
A big problem	18%	16%*	24%*	25%*	24%*	16%*	30%*	20%*	19%*	19%*	21%*	16%*

Notes: Asterisks (*) indicate that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for risk factors such as injury type, type of claim, and age differences that may exist between the groups. Percentage for each network may not add up to 100 percent because of rounding.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2012.

Figure 5.5: Compared to the Medical Care You Usually Receive When You Are Injured or Sick, Your Ability to Schedule a Doctor's Appointment for Your Work-related Injury or Illness Was:



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, Survey of injured employees 2005, 2008, 2010, and 2012.

Table 5.3: Injured Employees' Perceptions Regarding Their Ability to Schedule a Doctor's Appointment for Their Work-related Injuries Compared to the Medical Care They Normally Receive When Injured or Sick

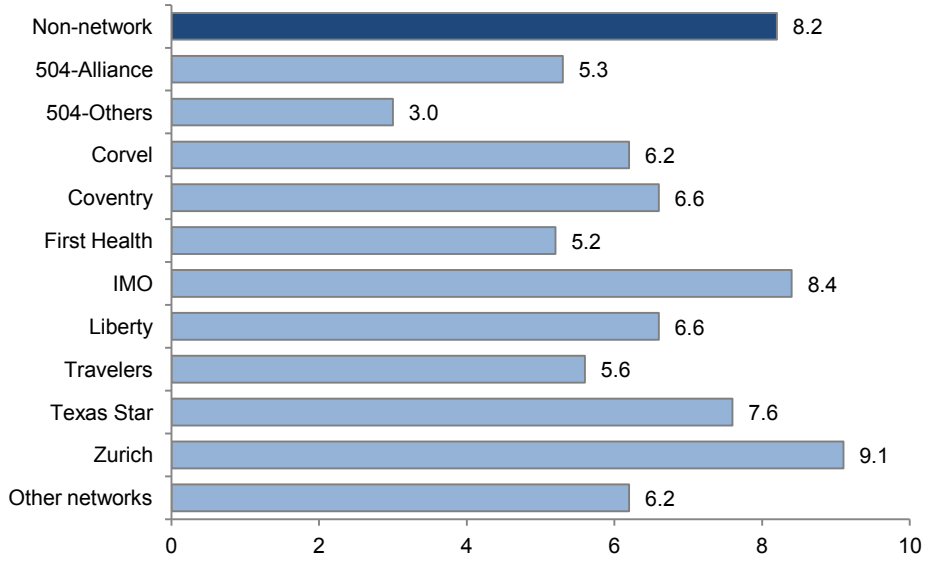
Ability to schedule a doctor's appointment	Non-network	504-Alliance	504-Others	Corvel	Coventry	First Health	IMO	Liberty	Travelers	Texas Star	Zurich	Other networks
Better	24%	22%	14%*	24%	14%*	32%	13%*	18%*	26%	27%	24%	26%
About the same	59%	69%*	75%*	58%	71%*	56%	66%	73%*	66%*	59%*	63%	61%
Worse	17%	9%*	11%	18%	15%*	12%	20%	9%*	8%*	13%*	13%	13%*

Notes: Asterisks (*) indicate that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for risk factors such as injury type, type of claim, and age differences that may exist between the groups. Percentage for each network may not add up to 100 percent because of rounding.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2012.

Despite poorer perceptions about the ability for employees receiving medical care from networks to get specialist care, nine network entities are able to get an injured employee in to see a non-emergency doctor sooner than non-network claims (see Figure 5.6).

Figure 5.6: Average Number of Days from Date of Injury to Date of First Non-emergency Treatment, 6 Months Post Injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2012.

Treating Doctor Choice and Satisfaction

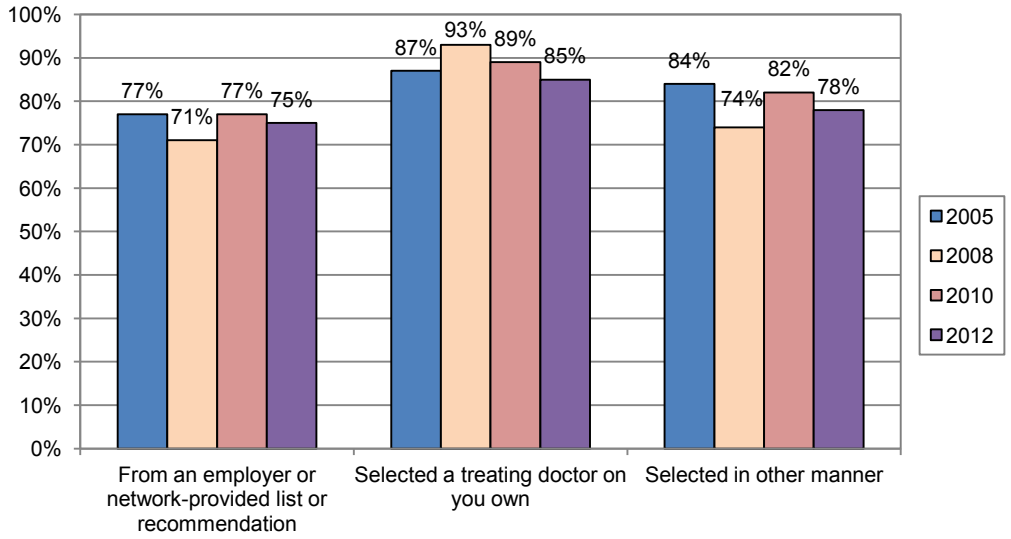
Previous studies conducted by TDI show that injured employees' perceptions regarding the quality of their medical care are closely associated with their ability to choose their own treating doctor.[6] Not surprisingly then, as workers' compensation health care networks expand their coverage in Texas and employees are increasingly required to choose their treating doctor from a designated list of doctors, satisfaction levels may be impacted. As Figure 5.7 shows, employees generally reported slightly lower satisfaction levels in 2012 when compared to 2005. For employees who reported that they selected their own treating doctor, satisfaction levels decreased slightly from 2005 to 2012 (85 percent surveyed in 2012 reported that the doctor they saw most often provided them good medical care compared to 87 percent surveyed in 2005). Meanwhile, satisfaction levels decreased in 2012 compared to 2005 for employees who indicated that they selected a doctor recommended by their employer or network, satisfaction levels for employees who selected a doctor some other way decreased from 84 percent in 2005 to 78 percent in 2012. In general, though, satisfaction levels remain high for a majority of injured employees.

Additionally, a slightly higher percentage (25 percent) of employees surveyed in 2012 reported that the medical care they received for their work-related injury was worse than

[6] See Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, *Medical Costs and Quality of Care Trends in the Texas Workers' Compensation System*, 2004 and 2005.

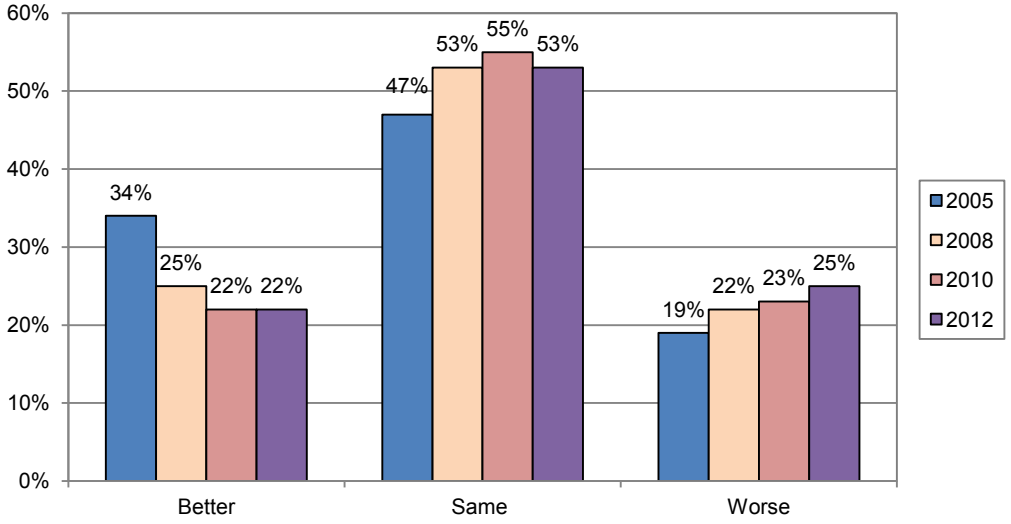
their routine medical care when compared to employees surveyed in 2005 (19 percent) (see Figure 5.8).

Figure 5.7: Percentage of Injured Employees Indicating Agreement That the Doctor They Saw Most Often Provided Them with Good Medical Care by Doctor Selection Method for First Non-emergency Doctor



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, Survey of injured employees 2005, 2008, 2010, and 2012.

Figure 5.8: Compared to the Medical Care You Usually Receive When You Are Injured or Sick, Would You Say the Care You Received for Your Work-related Injury or Illness Was:



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, Survey of injured employees 2005, 2008, 2010, and 2012.

It is important to note that while injured employees who received medical care from networks were generally less satisfied with the quality of the care than non-network claims, there are differences in satisfaction levels among individual networks profiled in the 2012 Workers' Compensation Network Report Card (see Tables 5.4 and 5.5). HB 7 included mechanisms to promote quality of care monitoring, including the requirement that every network produce and annually submit to TDI a Quality Improvement Plan. The plan must include the network's goals and plans for measuring health care provider and employee satisfaction, as well as the requirement that the network respond to complaints timely and maintain a complaint log that allows the network to track complaint trends and address those issues in real-time.[7]

Table 5.4: The Treating Doctor for Your Work-related Injury or Illness Overall Provided You with Very Good Medical Care That Met Your Needs…

Treating doctor provided you with very good medical care	Non-network	504-Alliance	504-Others	Corvel	Coventry	First Health	IMO	Liberty	Travelers	Texas Star	Zurich	Other networks
Strongly agree/Agree	80%	82%*	82%	73%*	76%*	72%*	72%*	82%	82%	80%	71%*	77%*
Not sure	1%	1%	1%	2%	4%*	4%*	0%*	2%	1%	2%*	2%	4%*
Strongly disagree/Disagree	19%	16%*	17%	25%*	20%	25%*	28%*	16%	17%	18%	26%*	19%

Notes: Asterisks (*) indicate that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for risk factors such as injury type, type of claim, and age differences that may exist between the groups. Percentage for each network may not add up to 100 percent because of rounding.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2012.

Table 5.5: Injured Employees' Perceptions Regarding Medical Care for Their Work-related Injuries Compared to the Medical Care They Normally Receive When Injured or Sick

Satisfaction of medical care	Non-network	504-Alliance	504-Others	Corvel	Coventry	First Health	IMO	Liberty	Travelers	Texas Star	Zurich	Other networks
Better	26%	24%	13%*	30%	16%*	20%*	21%	19%*	28%	30%	30%	26%
Same	51%	59%*	55%	41%*	59%*	61%*	51%	61%*	54%	51%*	48%	54%
Worse	23%	17%*	32%	29%*	25%	20%	28%	20%	19%	19%*	21%	20%

Note: Asterisks (*) indicate that the differences between the individual network and non-network are statistically significant. The figures presented above are adjusted for risk factors such as injury type, type of claim, and age differences that may exist between the groups. Percentage for each network may not add up to 100 percent because of rounding.

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2012.

[7] See Texas Administrative Code, Section 10.81.

Typically, TDI requests each network that had treated injured employees to address the deficiencies highlighted in the Network Report Card and submit an updated Quality Improvement Plan. TDI works to ensure that networks adequately address complaints as well as implement their improvement plans.

Health Outcomes Improve in 2012

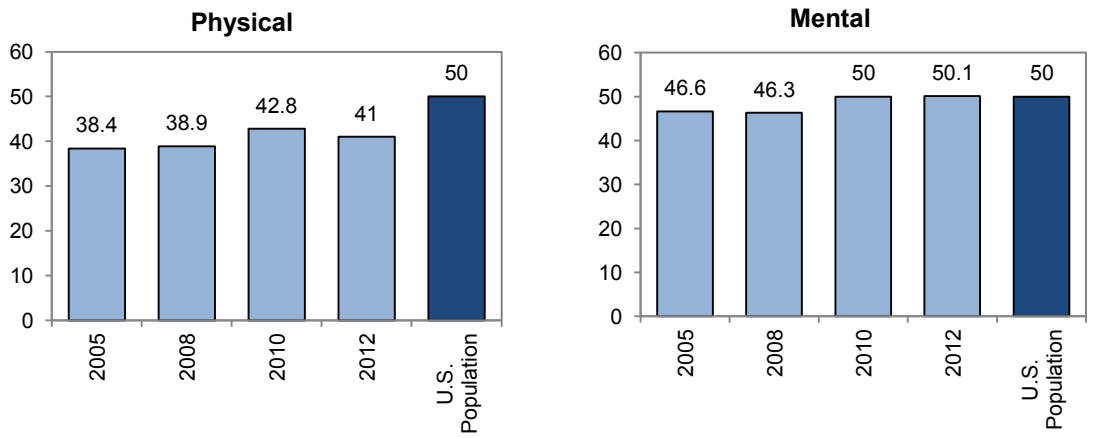
Along with significant changes in the Texas workers' compensation system over the past few years in terms of the amount of medical care provided to injured employees as well as the introduction of new health care networks, injured employees' perceptions regarding their physical and mental functioning have improved since the passage of HB 7.

Physical functioning is used to measure whether an injured employee gets better or physically recovers from the injury, while mental functioning is used to measure whether an injured employee is likely to experience issues such as depression after the injury.

To measure the physical and mental functioning of injured employees, TDI utilized a standardized set of questions, referred to as the Short Form 12 (SF-12) survey instrument, which asks employees to rate their current mental health as well as their current abilities to perform certain daily life activities. The results are calculated into two overall scores: the physical component summary and the mental component summary, which have a range of scores from 0 to 100 and a mean score of 50 in a sample of the U.S. general population. Scores greater than 50 represent above average health status, and scores at 40 or lower represent people who function at a level lower than 84 percent of the population (one standard deviation).

As Figure 5.9 indicates, injured employees in Texas have improved their physical and mental functioning status measurably since 2005. The mental functioning score of 50.1 for injured employees are higher than the physical functioning scores (41), but also higher than the mental functioning scores of the general U.S. population.

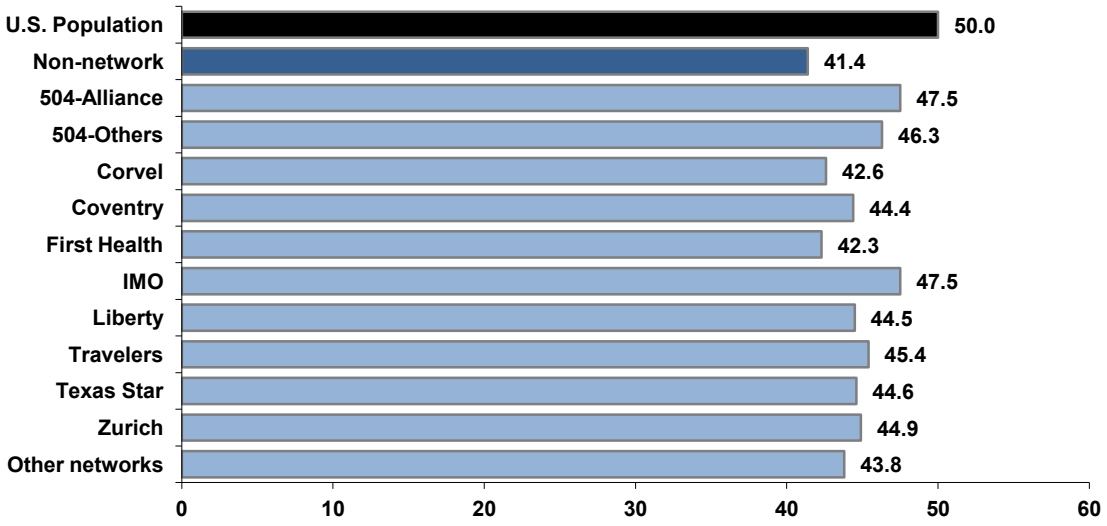
Figure 5.9: Comparison of Injured Employee Self-reported Physical and Mental Functioning Scores, 17-21 Months Post-injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2012.

Overall, the physical functioning scores for networks (see Figure 5.10) are significantly higher than those of non-network claims.[8] Injured employees from all network entities reported higher physical functioning scores than non-network injured employees, with two networks reporting scores more than six points higher than non-network.

Figure 5.10: Comparison of Injured Employee Self-reported Physical Functioning Scores, 17-21 Months Post-injury

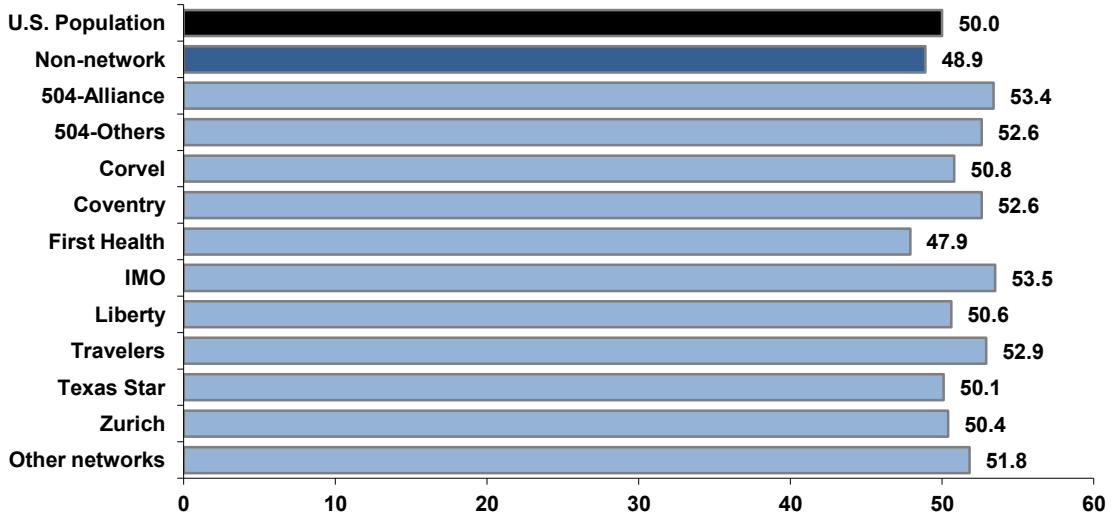


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2012.

[8] For more detailed information about comparisons between individual health care networks and non-network claims, see the Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, *2012 Workers' Compensation Network Report Card Results*, 2012, which can be viewed at www.tdi.state.tx.us/reports/report9.html.

Similarly, the mental functioning scores for networks (see Figure 5.11) are higher than those of non-network claims. With the exception of one network, injured employees from network entities reported higher mental functioning scores than non-network injured employees and the general U.S. population.

Figure 5.11: Comparison of Injured Employee Self-reported Mental Functioning Scores, 17-21 Months Post-injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2012.