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Diplomate American
Board of Orthopaedic
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State of Oregon
Department of Consumer & Business Services
Workers' Compensation Division
350 Winter Street NE
P.O. Box 14480
Salem, Oregon 97309-0405

RE: MCOs

Dear Sirs:

I attended the meeting today on WCD policy. I heard from several sources, including workers' attorneys and others from industry. The people who spoke for industries quite frankly sounded like an advertisement on TV. Their theories about how MCOs work are quite frankly completely divorced from reality as I see it as a treating physician. I have been treating workers' compensation patients for the last 50 years, first in California and then in Oregon since 1979. I have seen all of the changes in workers' comp.

Back around 1990, I stood up at the Keller Auditorium and spoke against the establishment of MCOs, but it was a done deal, and I spoke out for multiple reasons, including that the managed care would mean managed doctors, and that is exactly what has happened in the last 36 years.

I have seen many patients over the years who are part of MCOs from the now defunct Caremark Comp and more recent years Majoris and Providence MCO and others. These patients, especially in rural areas, have difficulty finding MCO doctors, so I am able to treat them thankfully.

As some of you probably know, I go to great lengths to help my patients, and I have a plan of care on every patient to try and get them back to work as soon as possible but more importantly get them the care they need in order to do so.

It is difficult enough to get insurance companies to authorize care, but eventually I get it the vast majority of the time.

The problem with MCOs is that there are persons who are not necessarily experts in the field that intimidate doctors and basically bully them. Doctors who are on the panels naturally fear for their income, so even though they spend 25% of their check from the insurer and the MCO, they have to abide by rules which they did not make up and which they dislike. Nevertheless, the doctors on the panels tend to accede to the wishes of the MCO fearing loss of income. This is certainly against the needs of the patient in many cases. Doctors should not have to fear for their income in an attempt to treat a patient properly and with good medical practice.

MCOs also have shadow policies which are not transparent. For example, a spinal cord stimulator might be denied by some unknown committee in the MCO, yet the doctor feels the patient requires it. There is apparently no way of determining who the people are on the committee or for that matter a lawyer deposing them to find out why they made their opinions, but meanwhile the patient languishes without a spinal cord stimulator and remains in constant pain and is completely disabled for the long term without possibly any hope of getting back to work absent the stimulator. This is not an unusual situation.

The amount of paperwork a doctor has to do for an MCO is enormous. Doctors are finding paperwork to be onerous in general and then add to that the paperwork of an MCO, and doctors are tending to burn out. We do not need burned-out doctors. In fact, we need more doctors as there are not enough doctors around. One can see this by how long it takes to get an appointment for a general practitioner, surgeon, or anyone else.

The workers' compensation system is difficult enough for the patient to navigate, and when an MCO is interceding, then the patient suffers, and the doctor cannot do what he needs to do for the patient oftentimes, and as a result, many patients' care is not only compromised but prolonged before they actually get to someone who can treat them, that is to say if they get to someone who can treat them properly and with skill.

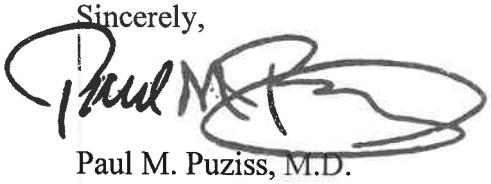
I believe it is the natural tendency of organizations to take on power that they were not designed to have, and it appears to be what is happening with the proposed new rules as I see it. There should be no involvement of an MCO whatsoever with disability or anything but treatment, and quite frankly in my view, they should not be involved in treatment at all. However, that is another conversation.

This letter is intended to provide some perspective from a treating physician. I never signed up for an MCO because once I realized what the contract was all about I refused to agree to it because I understood that they would be telling me what to do, how to do it, and when. That would be unconscionable for me as a treating physician who took the Hippocratic Oath when I became a doctor in 1971.

The doctors' first rule is to "do no harm," but if a doctor is not allowed to treat properly, then in a sense, there is harm being done, although not necessarily the fault of the doctor. MCOs have apparently no consequence if they make huge mistakes, but I can guarantee they are making them.

In summary, I am against any new changes that allow MCOs more power, and if anything, they should have less power. I hope the above has been helpful to you.

Sincerely,



PMP/sv

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