WORKERS' COMPENSATION
MEDICAL ADVISORY COMMITTEE
October 20, 2023
1pm – 2:30pm

MAC Committee Members Present: Ronald Bowman, MD; Brad Lorber, MD; Lon Holston (Worker Representative); Constantine Gean, MD (Insurer Representative); Ryan Weeks (Employer Representative); Jennifer Lawlor, MD (MCO representative); Tom Williams, PT

DCBS Staff Present: Sara Kessler, Juerg Kunz, Sally Coen, Baaba Ampah

MAC Committee Members Absent: Eric C. Hubbs, DC

Agenda Item	**Discussion**
Welcome, Introductions	Dr. Bowman calls the meeting to order at **1:00 p.m.**
Administrative discussion	**Review and approve minutes for January 23, 2023 MAC Meeting**
(00:01:30)	Dr. Bowman presents the meeting minutes from the January 20, 2023 meeting. He asks if there was anything outstanding on the open-ended time loss discussion.
(00:02:31)	Sally Coen, WCD Administrator, reminded the group that MLAC (Management Labor Advisory Committee) asked for a recommendation from MAC. MAC's stance was that they felt the decision was up to the physician, so they declined to give a recommendation.
(00:03:07)	Dr. Bowman asks if there is nothing that requires an end date on a work release as it relates to off work, modified duty, etc. Sally Coen confirms that statement to be true. She states that as it stands it is up to the physician. Dr. Bowman agrees that if there are too many restrictions it can deter providers from wanting to take on workers' compensation claims.
(00:03:46)	Dr. Lorber states that he thinks it is ultimately an administrative decision rather than a medical decision, involving MAC.
(00:04:29)	Dr. Lorber moves to approved the January 20, 2023 meeting minutes. Ryan Weeks seconds the motion. Meeting minutes are approved.
Member Vacancy Updates (00:04:59)	Sara Kessler announces that there are vacancies that need to be filled. • Dr. Ordonez's term came to an end and his position as a medical member is now vacant. • This meeting is Dr. Lawlor's last meeting as an MCO representative. With the MCO representative being vacant, WCD staff will be actively looking to fill this position. • Dr. Lawlor agreed to continue with the committee in one of our medical member vacancies. There are still three medical member vacancies that need to be filled.

(00:06:46)	Dr. Lawlor asks whether a physician assistant or nurse practitioner have the potential to fulfill a medical member role. Juerg Kunz states that there is nothing that prevents us from having a physician assistant or nurse practitioner fill that role. Dr. Lawlor adds that with their expanded role in workers' compensation they can fill in the blanks with how much or how little training they have with workers' comp. and can identify the gaps that they need to get up to speed.
(00:07:28)	Juerg further explains that family physicians, general practitioners, nurse practitioners and physician assistants are an underrepresented demographic within MAC. He mentions that these practices often have limited exposure with workers' compensation patients. Dr. Lawlor states that they are starting to see more and have expressed that they don't have a lot of experience. Juerg states that it would be great to hear from those types of practitioners that have limited exposure to workers' comp.
(00:08:59)	Dr. Gean adds that from the insurance point of view, 25 percent of cases he encounters have a physician assistant or nurse practitioner doing the exam, particularly with the surgical follow-up, making it more common over the past five years.
House Bill Updates (00:09:37)	Juerg Kunz discusses changes due to HB 3412 stating that under the current rule physician assistants are only allowed to have the role of attending physician for 60 days and only authorize time loss for 30 days. This bill changed that to 180 days for both assuming the role of the AP and authorizing time loss. It was clarified that light duty authorization is included in the definition of time loss.
(00:11:13)	Juerg continues to discuss the other bill, HB 2696, which requires the licensure of sign language interpreters who provide services in a medical setting. They have to be licensed by the Oregon Health Authority (OHA) starting January 1, 2024. This rule also applies to patients who choose to bring in their own sign language interpreter in a medical setting, even if that person is a family member. Unlike foreign language interpreters where there is no such regulation. MAC members noted that the rule could potentially cause issues with access to care. Juerg states that there will be a sign language interpreter board that will begin December 1, 2023. They don't have any administrative rules in place quite yet so it sounds like they may issue temporary licenses as needed. It is not clear what the requirements will be to issue such licenses. Juerg clarified that this license requirement does not only pertain to worker's compensation but to any medical service.
(00:13:59)	Dr. Bowman asks about responsibility for covering the cost of the interpreters. Juerg answers that, in the case of workers' compensation claims, the service would be paid by the insurer. Dr. Lorber expanded that in private insurance, he believes the doctor would be responsible as part of the cost of doing business just like they would with foreign language interpreters.
(00:16:14)	Juerg mentions that rules were changed to accommodate for the two bills. There will be a hearing for stakeholders to provide testimony for the proposed rules on October 24, 2023. After that the permanent rules will be published and made available on the workers' compensation website. The rules will be effective January 1, 2024.

Platelet Rich Plasma (PRP) Injections (00:17:10)	Dr. Lorber reports on the recent PRP subcommittee meetings with Dr. Gean and Dr. Bowman. He noted that after review of the provided articles they realized that they probably need to break them down by body part. They will get articles that are referenced in the meta-analyses and review each body part separately.
(00:18:52)	Dr. Lorber reports some initial thoughts and states that the knee, for osteoarthritis, was showing a trend to benefit from PRP. Tennis elbow or epicondylitis was one of the most studied areas. ODG has accepted PRP as a valid treatment for tennis elbow after certain criteria have been met, however, the articles they looked at, including the meta-analysis, didn't necessarily favor it. The shoulder seems to be giving mixed messages. The bottom line is that they are not yet able to give a thumbs-up or thumb-down on PRP and when they do it will be by body part, not as a whole.
(00:22:47)	Dr. Lorber will send a list of articles to Juerg.
Insurance Authorizations (00:24:47)	Dr. Bowman shares his experience with delayed insurer authorization for physical therapy (PT.) By the time the patient receives the authorization and then a week or so wait for an appointment, the patient has limited opportunity to receive treatment before the authorization expires. Dr. Bowman continued to explain that the date the letter is produced is usually after the beginning of the authorization.
(00:25:55)	Juerg asks whether Dr. Bowman requests insurer authorization for physical therapy or if physical therapy does that. Dr. Bowman clarified that he writes a prescription, the prescription goes to the physical therapist, and then the physical therapist request the insurance authorization.
(00:27:07)	Dr. Lorber adds that the patient concern with attending physical therapy prior to having the insurer authorization letter, even though authorized by the medical provider, is the threat of the insurer not paying for treatment for any time outside of the date the insurer authorization letter was issued.
(00:28:35)	Tom Williams, PT, shared some data looking back over a period of 60 days. He stated that he tends to get 10-15 referrals for workers' comp each month. One-third of these referrals took longer than 15 days before hearing back from the insurance company. About 15 percent of referral responses were received within 3 days, and the remainder of responses were within a range of 3 to 7 days. Mr. Williams expressed that he would like to see a faster response time. He identified some common delays stating that he receives chart notes from the MDs that say "continue therapy", but then the insurance states that they are delaying because they have not received the chart notes. So even though the physical therapist has the chart notes it appears that the insurer will only accept them from the MD. A second common delay is that the patient doesn't know they need to follow up with their Medical Doctor every 30 days as required by workers' comp. Mr. Williams shared a story about a patient who was unaware of this rule, later stating that he did receive a booklet but didn't really get told what to do. Mr. Williams noted that maybe some training would be helpful. Lastly, Mr. Williams confirmed that he is also seeing what Dr. Bowman previously described in receiving an

	authorization that states treatment can begin on [October 1, for example], but the letter doesn't arrive until October 15.
(00:31:51)	Dr. Gean adds some clarity to one issue in that receiving records from the referral source is a legal issue for insurance companies. They rely on these records for decisions that could end up in court so they have to get it from the source. He is unsure if it is a regulation, but it is a common practice.
(00:32:18)	Dr. Lorber suggests to make the approval date the start date of treatment, not retroactive. He also suggests giving them a longer authorization time (six weeks instead of four.)
(00:33:20)	Dr. Lawlor shared that Care Mark will adjust the dates when there is a delay in authorization. Dr. Lawlor also notes that a lot of time, therapists are not submitting data. Decisions are made based on objective improvement so if there is no information it is hard to make that determination. It's more likely going to be the information from the therapist than it is from the physician that is going to drive the decision about authorizing therapy. Dr. Lawlor also notes that a signature has to be ordered. This is another glitch where there is a request for therapy but no signed order from the attending physician (AP.)
(00:34:34)	Dr. Bowman brought forward the question that what if the authorized start date for physical therapy started with the first available appointment? Dr. Lawlor agreed that could be helpful for the injured worker and for moving the claim forward. She feels that when everything is complete and they've been given the authorization the date range should just be adjusted.
(00:35:06)	Dr. Bowman asks if anyone knows who the authority that limits physical therapy to one month is. He wonders why a more robust continuous physical therapy program couldn't be identified earlier on. Dr. Lawlor answers from an MCO perspective that they would want to see if a patient is making any progress. She agrees that there should be exceptions when it's a standard protocol (for example, 6 weeks for post-op shoulder.) The bottom line is that it's all about reviewing the data. Dr. Bowman shared that for the most part he is seeing his patients frequently post-surgery and adjusting therapy as needed, but on occasion there are glitches where some do not receive therapy when they are supposed to which inhibits their progression. Dr. Lawlor agrees that some therapy locations routinely have that challenge where it becomes a stop-start experience for the injured worker and is just as frustrating for the attending physician.
(00:37:16)	Mr. Williams agrees that there is not enough objective data. He appreciates the idea of standardized treatment instead of having to reauthorize every 30 days, which could cause delays. Mr. Williams highlights the need for more training for physical therapist outliers who are not doing objective measurements. Dr. Lawlor agreed stating that if the department is going to embark on creating education and training materials this would be a good time to extend that to PAs and Nurse Practitioners because they don't have the experience and are now going to be put in the position of making decisions.
(00:39:31)	Tanya Miller, a claims supervisor, shared from her perspective and questioned the need for insurer/processor authorization when a claim is open and accepted with

treatment authorization from the medical provider. She acknowledged the need for authorization within the first 60-days or prior to claim acceptance, but once the claim is open and accepted why the need for additional authorization? Mr. Williams suggested that some physical therapists may seek that additional verbal authorization as assurance.

(00:41:53) Dr. Bowman asked under what circumstances an authorization might not honor payment. Ms. Miller answered that an unauthorized change of condition could lead to non-payment for treatment, but there shouldn't be issues for treatment on an accepted condition. She pointed out that doctors and therapist need to stay in close communication because they need that signed treatment plan. Dr. Bowman states that he believes in most offices it is a standard practice to require authorization. Mr. Williams adds that from a physical therapy standpoint they see similar problems with MCOs. He states that there is variability from insurance company to insurance company. It would be helpful to know what is required by statute and what is not because that would allow for more flexibility to get things done.

(00:43:40) Dr. Bowman asks where we go from here with this issue. He asks if there is anything in the OARs that address the start time of authorization. Juerg states that there isn't anything in the OARs. He clarifies that we really have to differentiate between authorization by the insurer and authorization by an MCO. If we're talking about authorization by an insurer we're probably talking about the provider getting the okay. Authorization from an MCO involves a contract and part of the process is to get preauthorization for certain issues. The MCO is the only entity that can require a preauthorization of services.

(00:45:47) Lon Holsten adds that as it relates to an injured worker having surgery where it is known that PT will be ordered as post-surgery treatment, if they don't get PT right away scar tissue begins to develop and build which can limit mobility. This puts the worker behind in their recovery as they are trying to get back to work. Any delays in authorization of PT at that point is critical for an injured worker. He continues to say that he understands there are protocols, but the quicker injured workers get therapy, the quicker they can get back to work. Dr. Lawlor adds that at Care Mark, physical therapy treatment is embedded in the surgery request for that exact reason, so that it's not delayed. As is the pain management.

(00:48:20) Lisa Johnson, Majoris Health System, noted that post-surgery, the first 12 visits/ 30-days does not require recertification for exactly the reasons being discussed. The therapist sends progress notes for continued authorizations. They have found that different therapy clinics have different ways they go about it. Majoris will do a one-week grace period. This way if the injured worker has completed their four weeks they can keep treating as long as they are sending in their measurements showing they have made progress. When they request the next four weeks they can have that one week of grace period so authorization doesn't lapse. Some therapy clinics will put in the request the week before that period is going to run out. They have also seen a difference over the last few years, maybe due to staffing, that the therapy clinics aren't getting the requests sent over as soon as they want.

In regard to the start dates, because of the grace period, sometimes there will be a therapy clinic who will keep treating the worker while they put in a request (for example they are requesting to treat the 1st through the 30th of the month.) Meanwhile, Majoris doesn't have chart notes from the attending physician. The therapist will continue treating. It might take a week or two to get the information needed, but when they issue the pre-cert it says from the 1st to the 30th, meaning those visits that happened while waiting for the physician to send the chart notes are approved. In some cases the therapy clinics will hold off on treatment because they weren't sure if the physician was going to sign. In those cases they may call and ask for dates to be adjusted to fit the approved time.

(00:50:47) Mr. Holsten asks if there is a standard procedure for progress evaluations. He expressed a concern that too many progress evaluations could potentially be taking up PT time. Ms. Johnson confirms that the standard procedure for progress evaluation is once a month. Dr. Lawlor adds that it is not only specific to workers' compensation, but standard practice in general. Mr. Williams states that by statute a physical therapist has to do a reassessment on his patient every 30 days or less depending on conditions. He states that for workers' comp he would rather have his therapists check for progress every two weeks, but by state law it's once a month no matter what.

(00:53:14) Jeannette Decker speaks for Providence MCO stating that preauthorization is not required for surgical patients. Right after surgery, they are allowed 20 treatments/ 60 days. If therapy is going to continue after that, an extension request from the therapist is required. They sometimes see delays in precertification requests. She states that they'd like to see them as soon as it is known that patients will need additional therapy. It may just take some additional training for the therapy locations. Ms. Decker also adds that similar to Majoris, Providence also has a grace period that covers time treated while they were in the process of obtaining documentation.

(00:55:20) Juerg asks members if they think the issue has gotten worse due to physical therapists being booked out. It seems like it almost requires physical therapist or the AP to plan ahead, speculating what the PT need will be up to two months in advanced. Dr. Bowman answers that the patient signs a form at the office stating that they understand that if there is not a payment through the program then payment will come out of their own pocket. Because it could potentially add up quickly it is understandable that patients would not want to risk continuing a program assuming that it will get authorized in a week or two. He adds that particularly some of the Providence clinics seem to get backed up where a week out would be getting in quick. The worker may not be able to get in for a couple weeks and once they get the okay they are already behind the ball. Dr. Lorber states that his experience has been the same thing, that once they get the authorization they are booked out weeks, sometimes as much as a month. He continues that once the authorization runs out, they won't put patients on the books again hoping to get authorization. This creates a huge barrier. Dr. Lawlor adds that she thinks it is the combination of factors such as access to physical therapy, understaffed offices, and the requirement of more documentation that causes delay. Mr. Williams states that he agrees the staffing with physical therapy is getting difficult. He adds that it's worse now than he's ever seen it. With two new PT schools in Oregon he's hopeful that might help.

(00:58:55) Dr. Bowman notes that physical therapy is one of the highest costs in the industry, so the scrutiny is understandable. When there is consistent therapy without interruptions then patients could get back to work quicker or they could identify those who might be slacking. But if therapy is intermittent, it is harder for the attending physician to manage and know if they are putting in the work because they haven't had the chance, or someone in therapy to help them along.

(01:00:30) Juerg states that it seems there is no easy solution. He let members know that if they would like they can inform him when they experience such issues so they could analyze it. Dr. Bowman circles back to what Lisa Johnson was saying is how they need to have the information before they can make a decision and they'll authorize it from the date it was to be continued, meanwhile it's two weeks later before that goes through. Most of the providers aren't going to risk it, and then it's explained to the patient that they may have to pay out of pocket if treatment is not authorized so then they're hesitant to continue. Juerg explains that in that case the patient wouldn't have to pay if it's just because of lack of precertification. Dr. Bowman agrees, but states that most patients don't trust that.

(01:02:20) Dr. Lawlor states that it would be interesting to see if there is a pattern of delay within certain practices (employed vs. owner-operated PT, freestanding vs. hospital based) and how smooth their process is for requesting the update. When you're employed you have productivity standard and you're not even making that decision on when the patient can get on the books, whereas a private practice may have more flexibility. These are additional factors that might not even be in the therapist's control. Mr. Williams agrees and added that he can usually tell right away if there is any risk of denial and is willing to start patients as soon as he gets the prescription provided it fits within the guidelines. But that's not the case with everybody. Mr. Williams states that he can check around and see if anyone he knows that works in different situations has some data on this. He will check with some small single owner private practices, some large entity private practices, and from his own practice as well and see if there is a trend.

(01:04:42) Dr. Bowman asks if other than making suggestions for changes that will make this more efficient, is there anywhere we can go with this? He asks if MLAC is involved in anyway. Juerg clarifies that MLAC is more involved in statues. Rule would be more with the division. He continued that the problem needs to be researched and addressed before we suggest any changes.

(01:06:08) Dr. Gean asks if all authorizations have a duration. If they do he believes one solution could be to initiate the duration from the date of receipt by the physician or the physician assistant so that you don't get into the retro stuff. You receive the authorization and move forward.

Updates
(01:07:07) Dr. Bowman asks if there will likely be legislative issues. Juerg states that next year's session will be a short session so there shouldn't be all that much. Sally Coen mentions that we don't have anything right now, but our MLAC administrator will be sending out a notice to stakeholders asking for legislative suggestions and that they bring those forward quickly.

(01:08:28) Dr. Bowman adjourned the meeting at **2:08 p.m.**

The next MAC Meeting is scheduled for January 19, 2024.

The audio files for the meeting minutes and public testimony (both written and audio) can be found at http://wcd.oregon.gov/medical/mac/Pages/mac-meetings.aspx.