

## **VII. RESULTS: PROVIDER SURVEY**

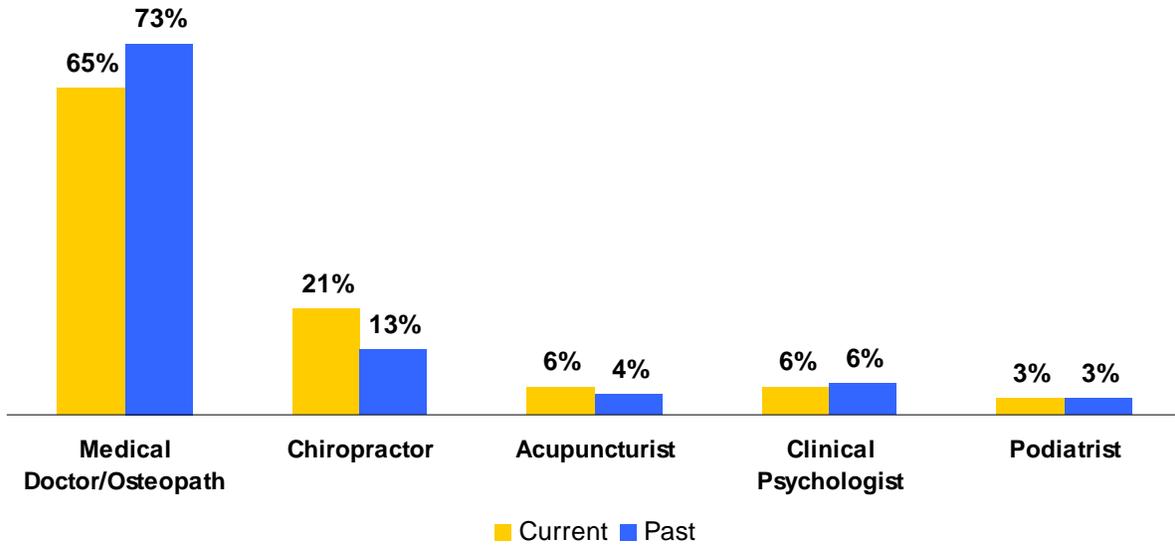
This section presents results of our survey of providers in California and their experiences with the WC system. The first subsection summarizes the characteristics of our respondents. We report characteristics separately for providers who previously treated WC patients but are not currently participating in the WC system and for providers who currently accept WC patients. The next two subsections summarize the findings according to issues related to access and quality, respectively. The final subsection presents findings on access and quality for high-volume providers relative to low-volume providers.

### **PAST AND CURRENT PROVIDER CHARACTERISTICS**

Eighty-four percent of the eligible survey respondents currently provided care to injured workers under the WC system. The remaining 16% had been WC providers between 2001 and prior to the survey, but had since left the system.

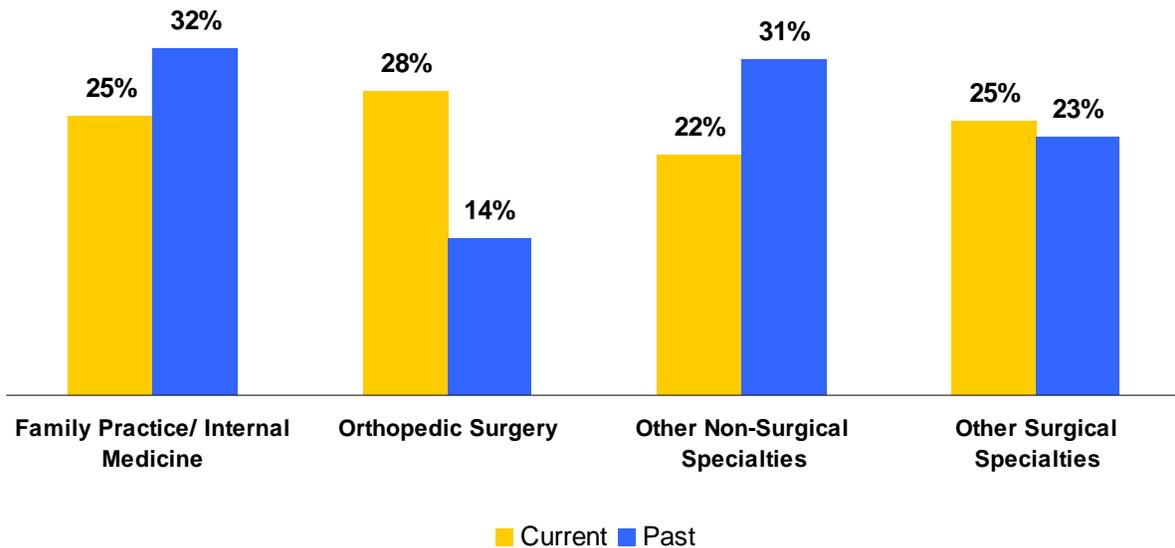
Current and past providers did not differ significantly by type; in general, MD/DOs constituted the largest proportion of both groups, followed by chiropractors, clinical psychologists, acupuncturists, and podiatrists. (Exhibit 42).

**Exhibit 42. Comparison of current and past WC providers by type, California, 2006**



The specialties of MD/DOs differed significantly among past and current providers. For example, FP/IM doctors made up 32% of past providers and 25% of current providers. Orthopedic surgeons were 14% of past providers and 28% of current providers (Exhibit 43).

**Exhibit 43. Current and past WC providers by specialty, California, 2006**

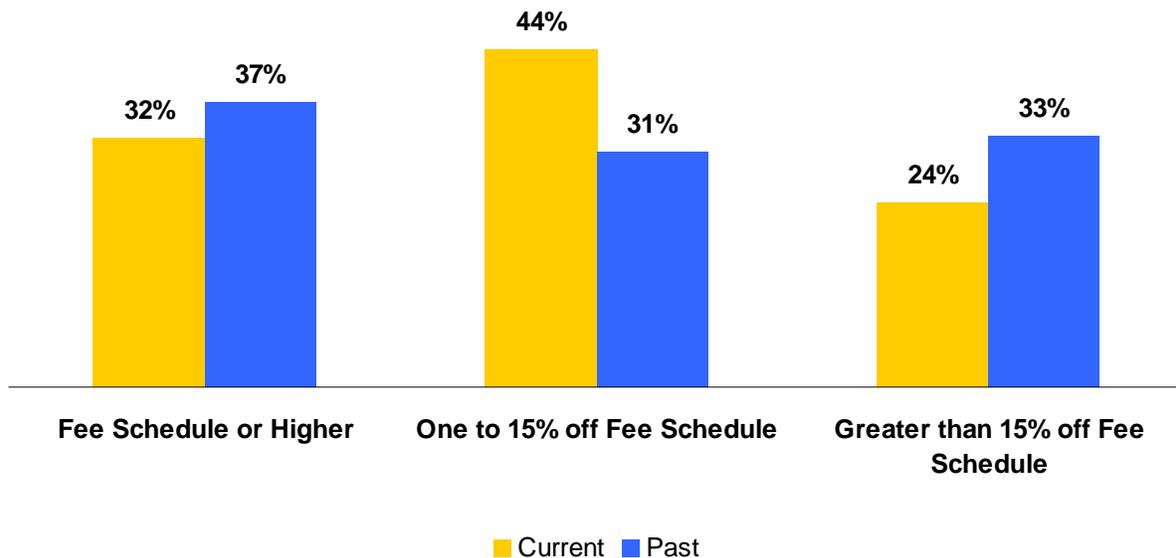


Overall, 37% of current and 29% of past MD/DOs reported having a secondary area of specialization. Most MD/DOs were board certified among both current (91%) and past providers (93%).

Past and current providers had been licensed health care practitioners (21.6 years and 21.1 years, respectively) and treating WC patients (15.9 years and 17.3 years, respectively) for a similar number of years on average.

Current and past providers differed in their reported level of reimbursement for treating WC patients. More current providers reported payment at a discount of 1% to 15% below the fee schedule compared to past providers (44% vs. 31%) (Exhibit 44). In contrast, 24% of current providers reported receiving payments discounted at more than 15% below the fee schedule, while 33% of past providers reported that level of payment.

**Exhibit 44. Payment levels of current and past WC providers, California, 2006**

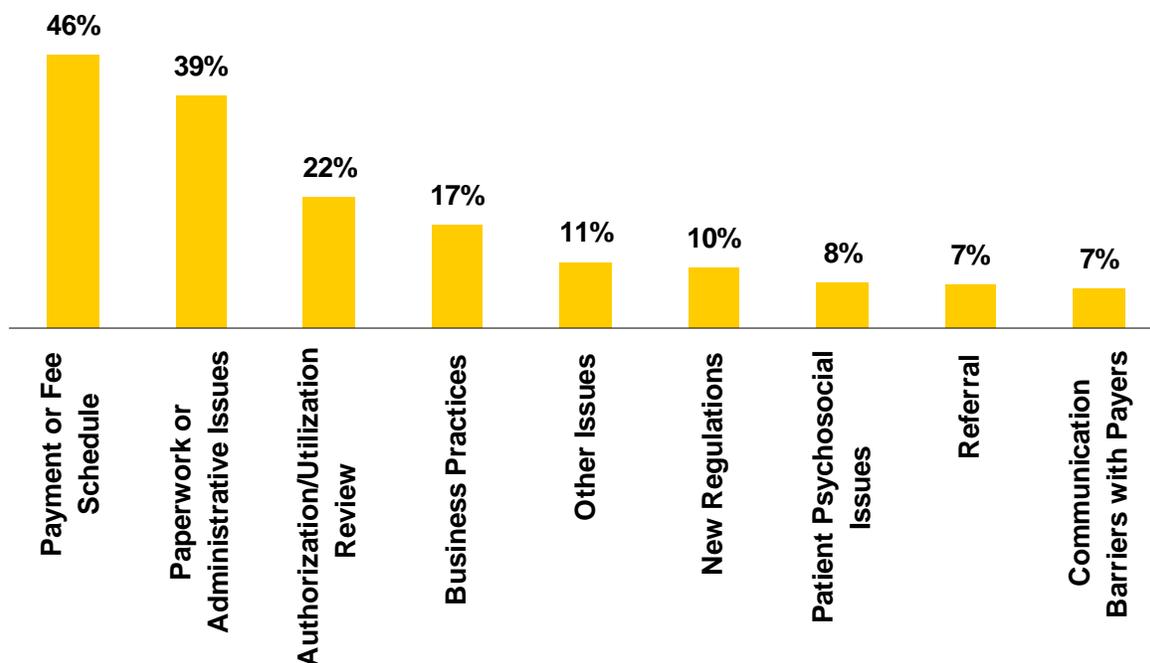


## **Past Provider Experiences in Workers' Compensation**

Past providers reported the year they stopped treating WC patients, why they stopped treating WC, and whether they planned to treat WC patients again in the future. The majority of past providers (75%) stopped accepting or treating WC patients after January 1<sup>st</sup>, 2004 – following the implementation of SB 228 and AB 227 – rather than earlier. However, the actual percentage may be smaller than reported here since providers who stopped participating in WC in years after 2004 were likely to be overrepresented in the survey sampling frame – as described in Section V, Methods. Similarly, those who stopped participation in the years prior to 2004 were likely to be underrepresented among the respondents.

The most frequently cited reason for stopping participation in WC was payment or the fee schedule (46%) (Exhibit 45). Providers frequently noted that the fee schedule was too low, reimbursement and payments were too low, and it was difficult to get paid or payments were being denied. Among those providers who reported payment and fee schedule as reasons for stopping, 47% were paid at a discount of more than 15% below the fee schedule, 30% were paid at a discount of 1% to 15% below the fee schedule, and 23% were paid at the fee schedule or higher. Other frequent reasons were paperwork and administrative issues (39%), authorization/UR issues (22%), business practice issues including retirement (17%), and other issues (11%) including the bureaucracy of the system, the adversarial nature of WC care, and issues with MPN or other provider networks. Other reasons cited included the new regulations (10%); problems with psychosocial patient issues (8%) such as negative attitudes, hostility, and behavior; barriers to referral (7%); and communication issues and/or excessive demands from claims adjusters, insurers, and administrators (7%). After excluding respondents who left the WC system due to retirement or changes in their work status, about 12% of past providers said that they would consider treating WC patients again in the future.

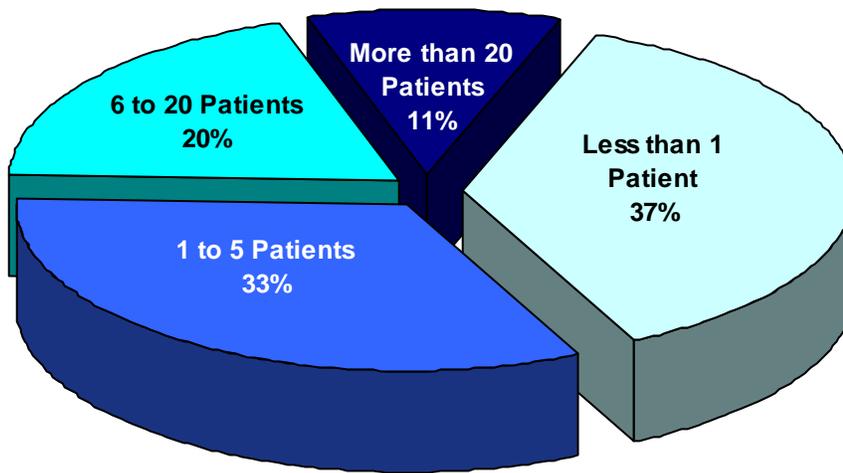
**Exhibit 45. Reasons for not accepting or treating WC patients, past providers, California, 2006**



### **Current Providers**

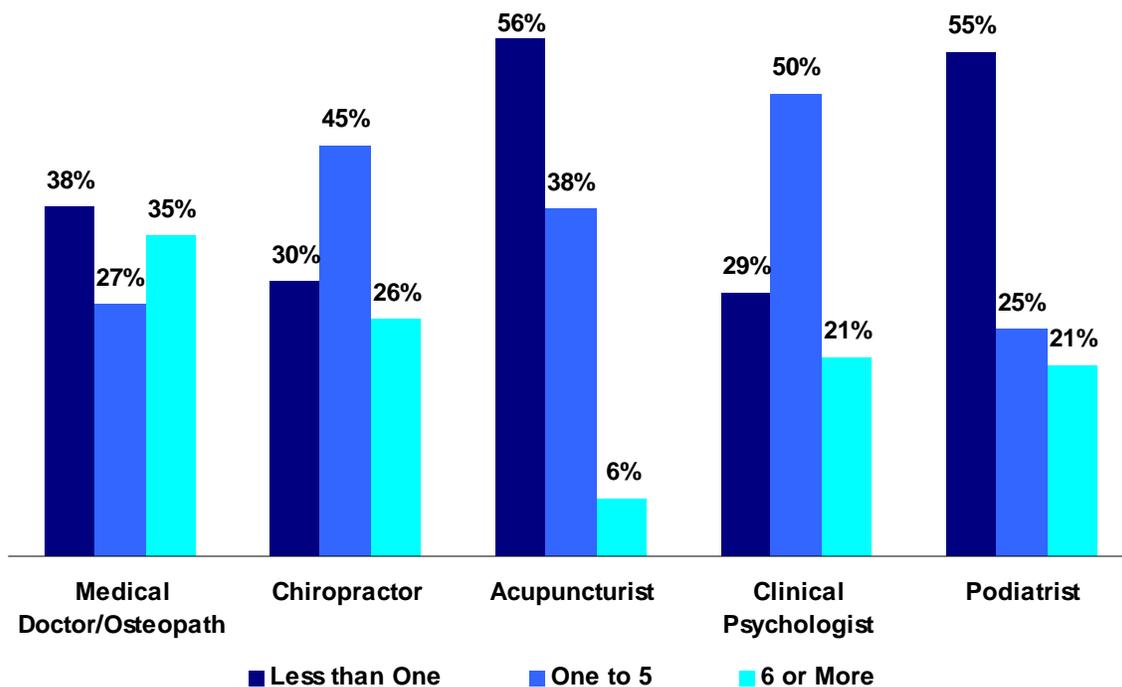
A relatively small number of WC providers rendered care to a large volume of WC patients. Thirty-one percent of providers saw more than five WC patients per week, while 11% saw over 20 such patients (Exhibit 46). These rates differed by provider type, where more MD/DO providers were high-volume (more than five visits per week) than any of the other provider types (Exhibit 47). Similarly, more orthopedic surgeons or other non-surgical specialists were high-volume than other specialists (Exhibit 48).

**Exhibit 46. Volume of WC patients per week, current providers, California, 2006**

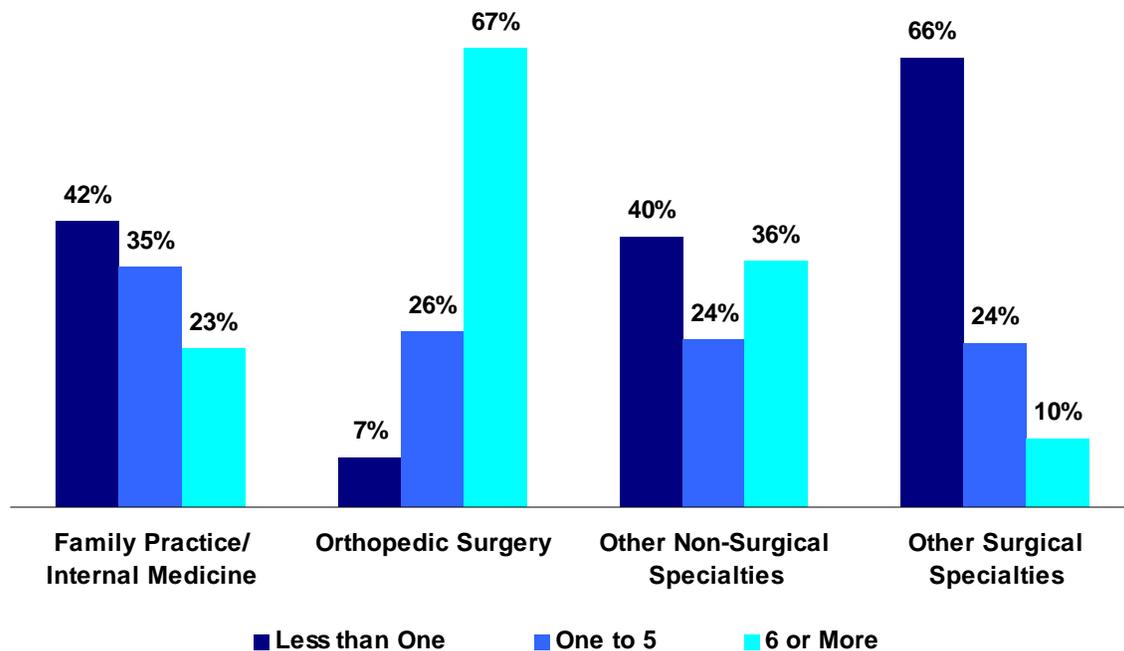


Note: Percentages do not sum to 100% due to rounding

**Exhibit 47. Volume of WC patients per week by provider type, current providers, California, 2006**



**Exhibit 48. Volume of WC patients per week by specialty, current providers, California, 2006**

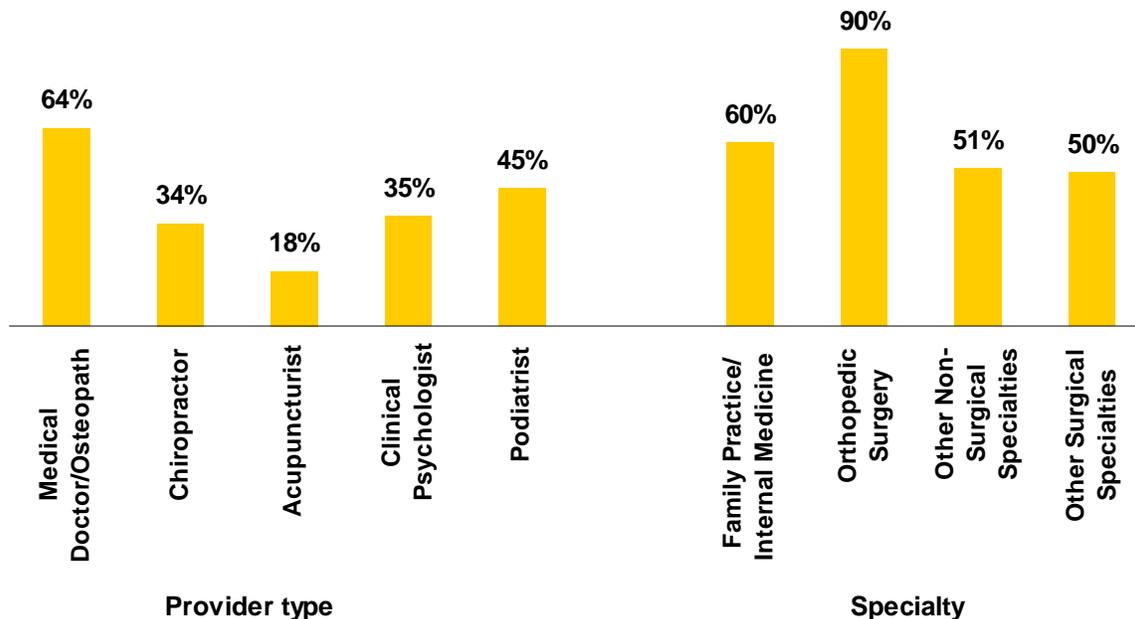


On average, providers reported that 15% of their practices consisted of WC patients. This proportion varied by provider type, where MD/DOs (18%) and clinical psychologists (20%) reported higher levels than chiropractors (9%), podiatrists (9%) and acupuncturists (6%). Similarly, orthopedic surgeons (28%) and other non-surgical specialists (28%) had higher volumes of WC patients than other surgical specialists (9%) and FP/IM doctors (8%).

Overall, providers reported having 8 new WC patients per month on average (median of 2 per month). MD/DOs reported a higher mean average, 11 new patients per month, and a median of 3, when compared to other providers, thus demonstrating a skewed distribution. For this reason, the number of new patients per month was categorized by the overall median into less than 2 and two or more per month. By that measure, the majority (53%) of providers had two or more new WC patients per month. There were significant differences by provider type and specialty type. MD/DOs most often had two or more new patients per month (64%) (Exhibit 49). Among specialties, orthopedic surgeons (90%) and FP/IM

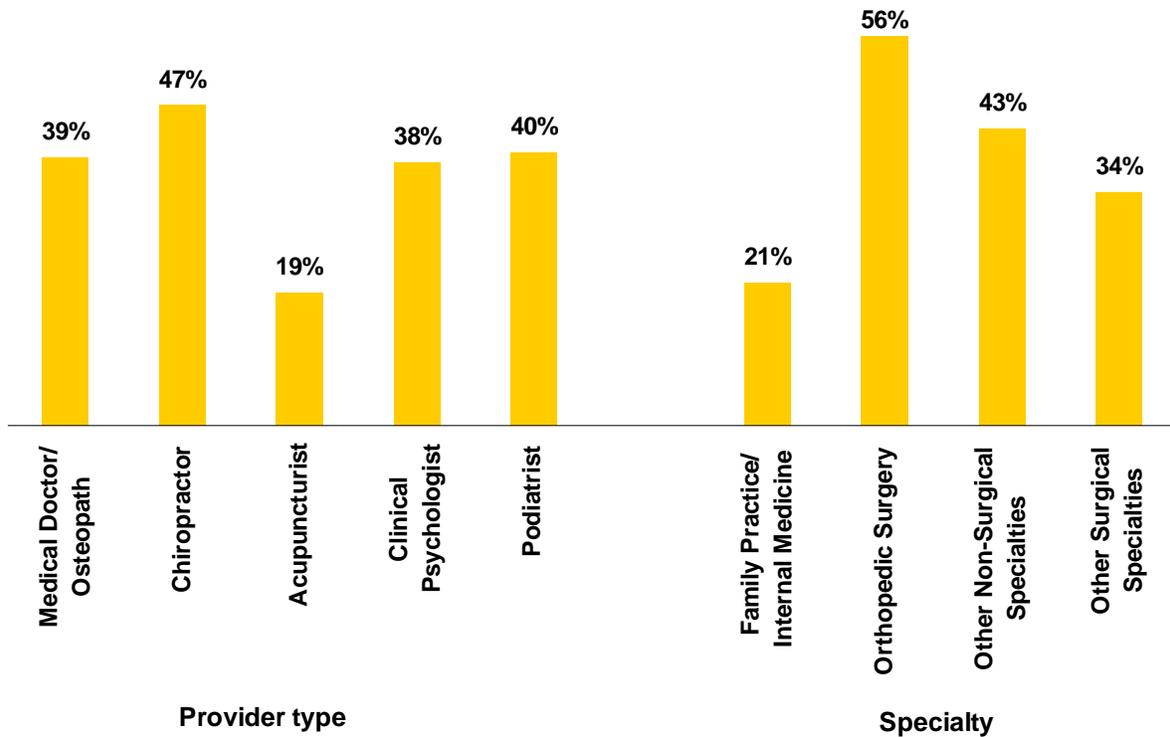
doctors (60%) most often had two or more new WC patients per month compared to other non-surgical specialists (51%) and other surgical specialists (50%).

**Exhibit 49. Two or more new WC patients per month by provider type and specialty, current providers, California, 2006**



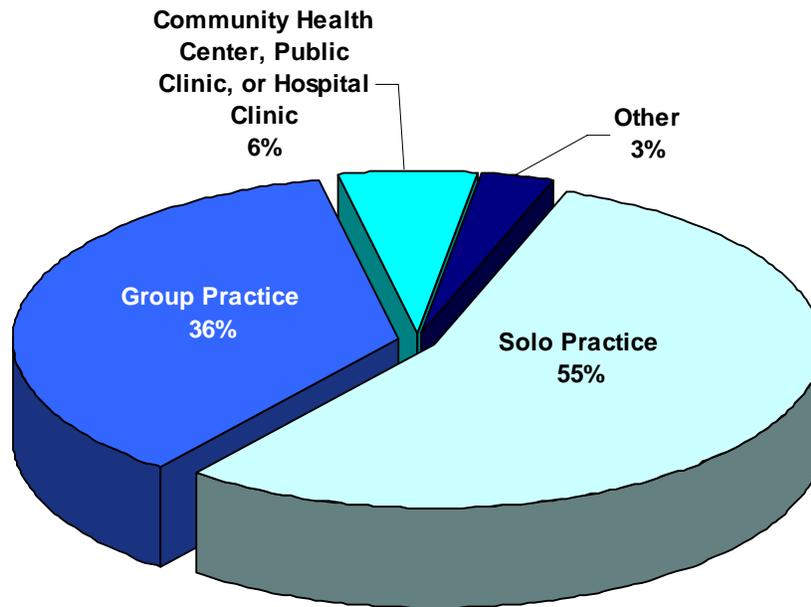
Thirty-nine percent of current providers acted as medical-legal evaluators. More chiropractors (47%) and fewer acupuncturists (19%) were medical-legal evaluators (Exhibit 50). Similarly, among specialists, more orthopedic surgeons (56%) and fewer FP/IM (21%) performed these evaluations.

**Exhibit 50. Medical-legal evaluations by provider type and specialty, current providers, California, 2006**

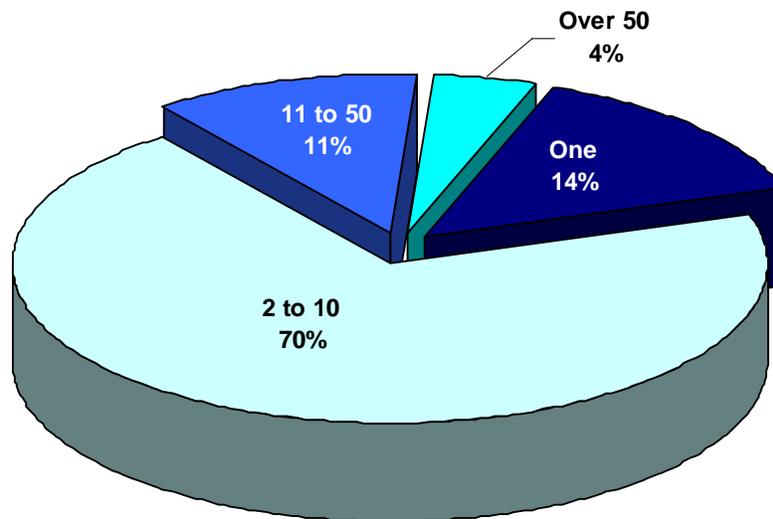


The majority of providers (55%) were in solo practice, followed by group practice (36%), and other settings (9%) (Exhibit 51). More chiropractors (74%), acupuncturists (77%), and psychologists (74%) were in solo practice than MD/DOs (45%) and podiatrists (49%). For those providers not in solo practice, the majority (70%) had from 2 to 10 other providers in their primary practice location (Exhibit 52).

**Exhibit 51. Primary practice setting, current providers, California, 2006**



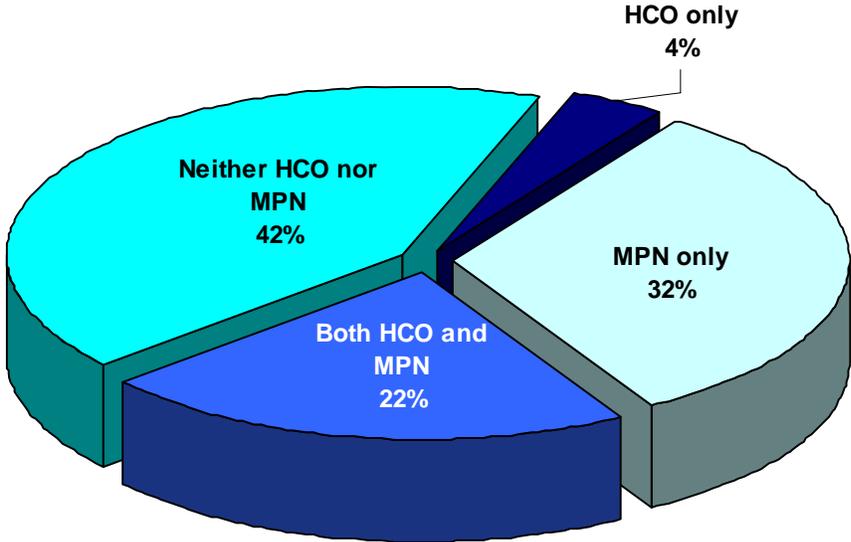
**Exhibit 52. Size of non-solo practices, current providers, California, 2006**



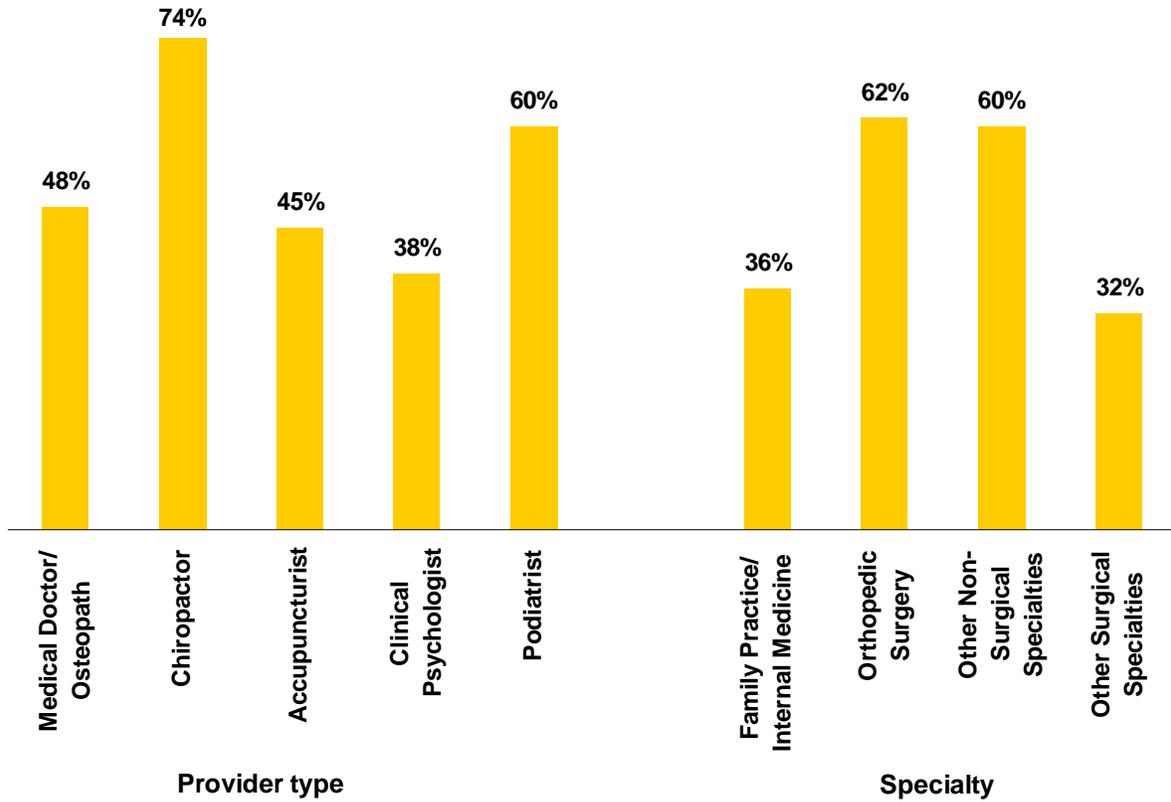
Note: Percentages do not sum to 100% due to rounding

Thirty-two percent of providers reported having only MPN contracts and 22% reported having both an MPN and HCO contract. Few (4%) only had HCO contracts, and 42% reported neither type of contract (Exhibit 53). Among providers, chiropractors (74%) and podiatrists (60%) most often had MPN contracts (Exhibit 54). Also, orthopedic surgeons (62%) and other non-surgical specialties (60%) most frequently had MPN contracts when compared to the other specialty groups.

**Exhibit 53. Participation in MPNs and HCOs, current providers, California, 2006**

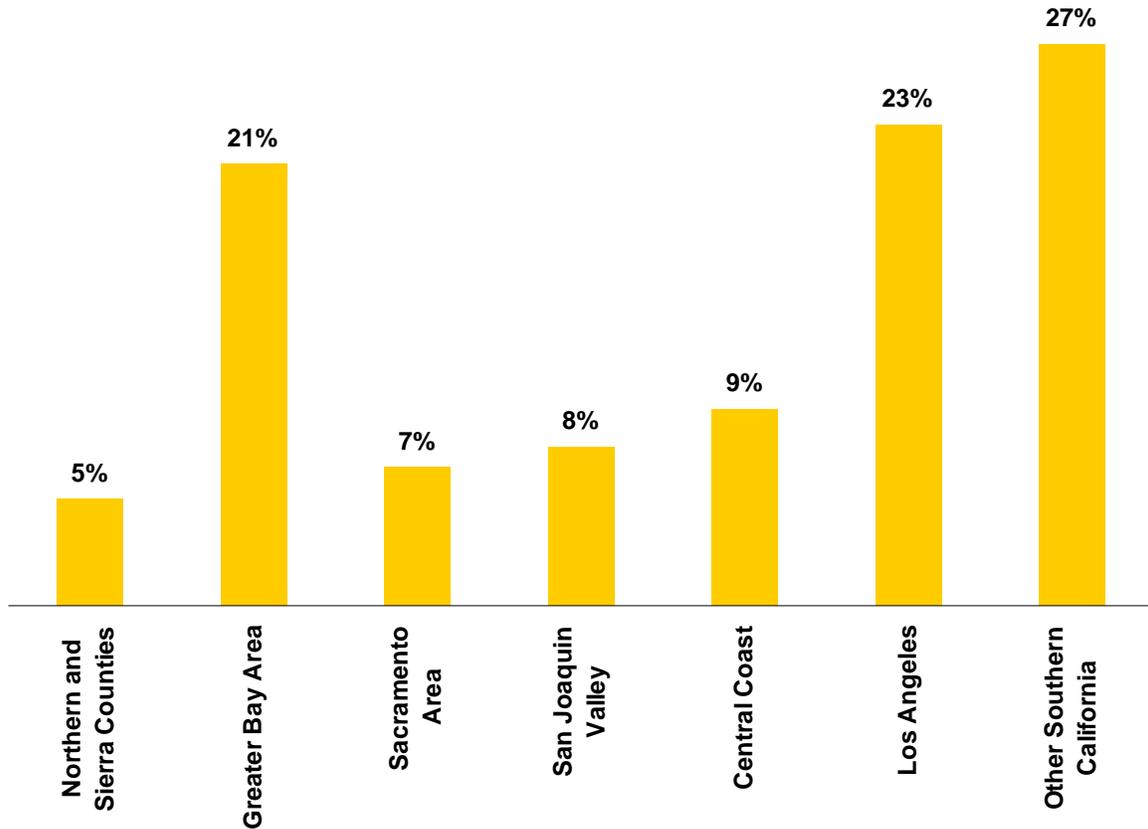


**Exhibit 54. Participation in WC MPNs by provider type and specialty, current providers, California, 2006**



A large proportion (71%) of providers practiced in Los Angeles County (23%), the Greater Bay Area (21%), and other Southern California counties (27%) (Exhibit 55). Overall, 91% of current providers practiced in urban areas. Due to a low count of acupuncturists and podiatrists in rural areas, it was difficult to obtain an accurate estimate for those two provider types – however, 86% of clinical psychologists and 92% of chiropractors were located in urban areas. Among MD/DOs, there was a lower concentration of FP/IM providers in urban areas than all other specialty types (Exhibit 56).

**Exhibit 55. Distribution of current providers by region of practice, California, 2006**



*Note:*

**Northern and Sierra Counties** includes Butte, Shasta, Humboldt, Del Norte, Siskiyou, Lassen, Trinity, Modoc, Mendocino, Lake, Tehama, Glenn, Colusa, Sutter, Yuba, Nevada, Plumas, Sierra, Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono and Alpine counties

**Greater Bay Area** includes Santa Clara, Alameda, Contra Costa, San Francisco, San Mateo, Sonoma, Solano, Marin and Napa counties

**Sacramento Area** includes Sacramento, Placer, Yolo, and El Dorado counties

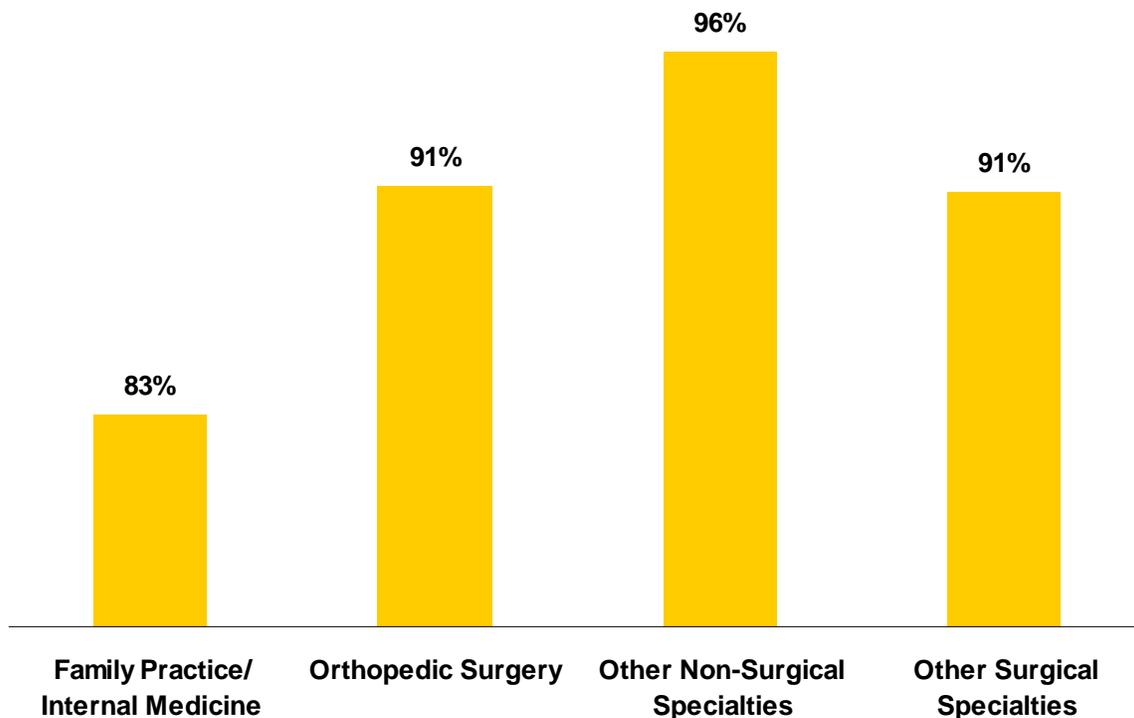
**San Joaquin Valley** includes Fresno, Kern, San Joaquin, Stanislaus, Tulare, Merced, Kings and Madera counties

**Central Coast** includes Ventura, Santa Barbara, Santa Cruz, San Luis Obispo, Monterey and San Benito counties

**Los Angeles** includes Los Angeles County

**Other Southern California** includes Orange, San Diego, San Bernardino, Riverside and Imperial counties

**Exhibit 56. Percentage of WC providers in urban areas by specialty, current providers, California, 2006**



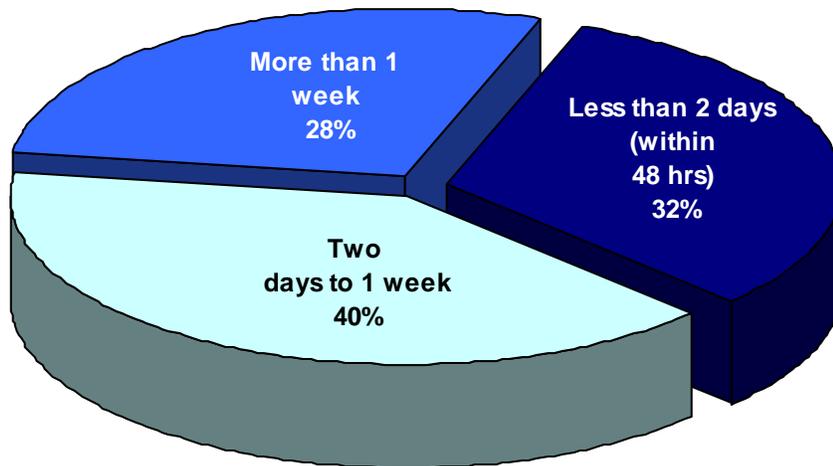
## **ACCESS**

In this subsection, access to care by injured workers in the California WC system is assessed by considering a number of practice characteristics as well as provider perceptions and experiences. Specifically, access to care is measured by appointment availability and language capacity of providers, ease of referral, providers' perceptions of access under the WC system of care, changes in the WC practice of providers since 2004, and future plans for change in WC volume.

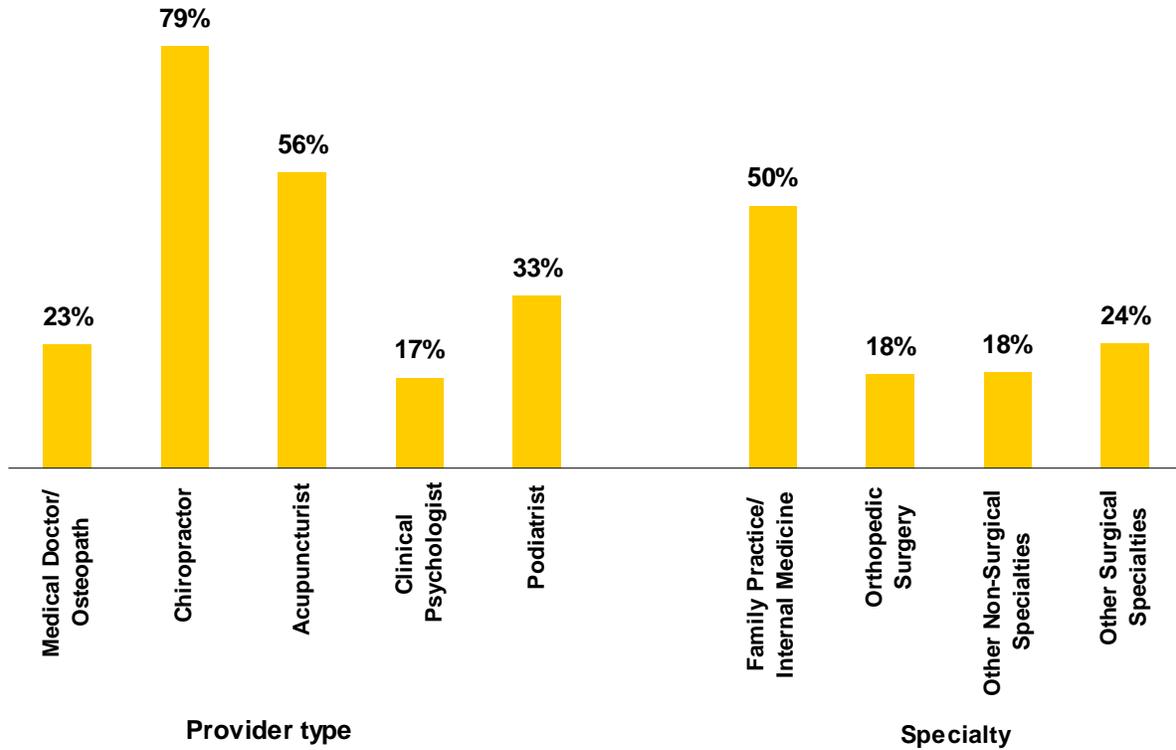
## Availability, Language Capacity, and Ease of Referral

Providers reported that new patients had to wait 9 days on average (median of 5) for a non-emergency appointment. Many (32%) reported that new patients can have an appointment within the first 48 hours (less than 2 days) and 40% reported a waiting time of two days to one week before a new non-emergency patient visit (Exhibit 57). Chiropractors (79%), acupuncturists (56%), and FP/IM doctors (50%) were more likely to offer an appointment in less than 2 days relative to other provider types and specialties. Orthopedic surgeons (18%), and other non-surgical specialties (18%) were least likely to offer appointments in less than two days (Exhibit 58).

**Exhibit 57. Wait time for a non-emergency new WC appointment, current providers, California, 2006**

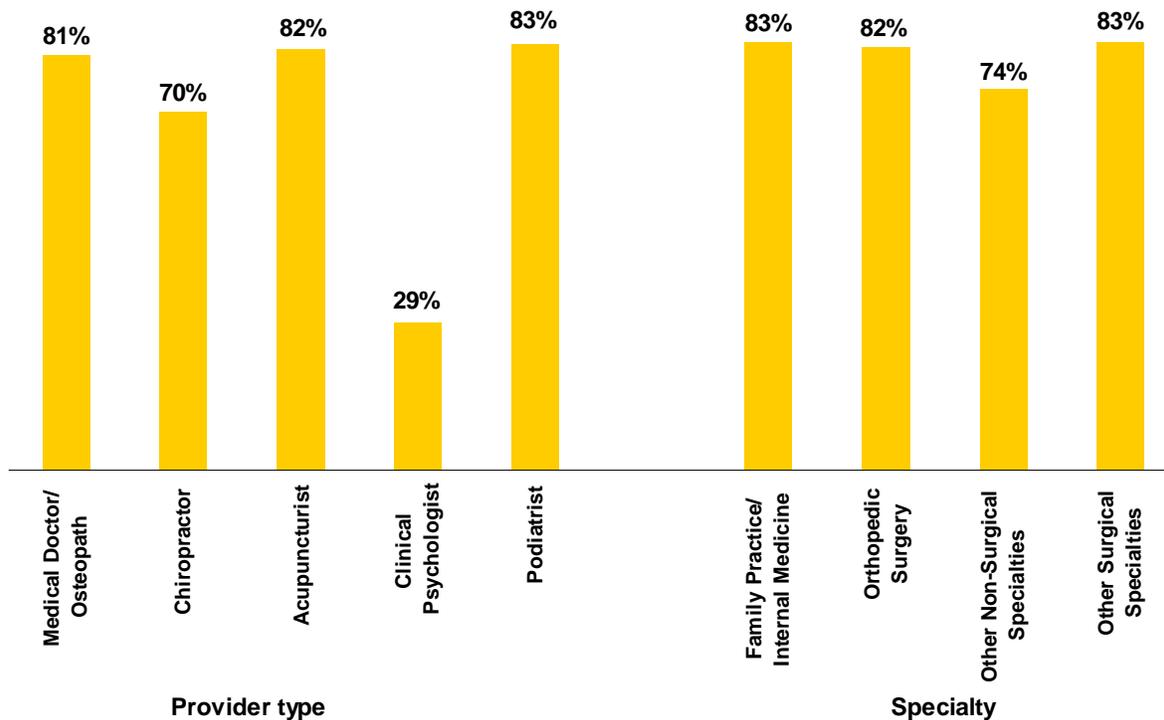


**Exhibit 58. New non-emergency WC appointments in less than two days by provider type and specialty, current providers, California, 2006**



Seventy-six percent of current providers reported that either they or their staff spoke English and one or more additional languages, while 24% reported no language capacity other than English. For providers with additional language capacity, two-thirds reported Spanish as their additional language. Additional language capacity was least prevalent among clinical psychologists (29%) and most prevalent among podiatrists (83%). Among specialists, other non-surgical specialists (74%) were least likely to be able to offer services in a language other than English (Exhibit 59).

**Exhibit 59. Additional language capacity by provider type and specialty, current providers, California, 2006**



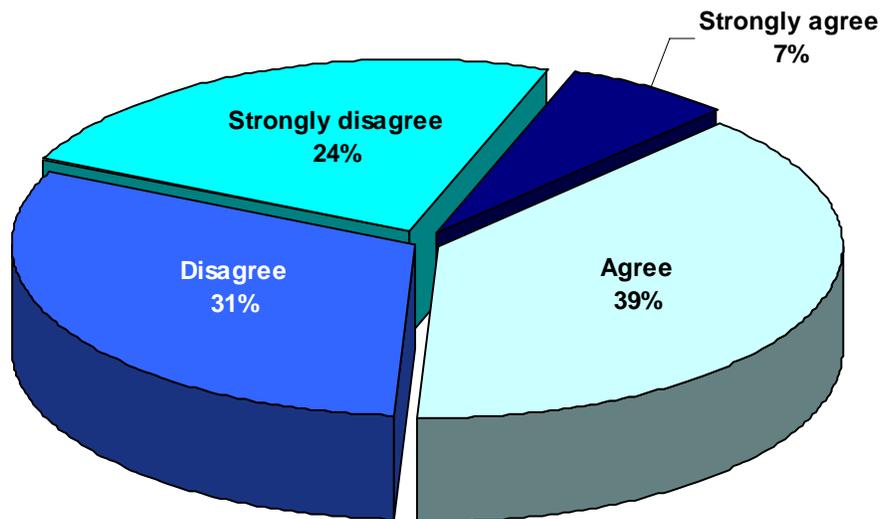
Eighty-nine percent of the current providers reported referring WC patients to other kinds of providers. Among those who referred, providers most frequently cited orthopedic surgeons as the easiest provider type for referral (25%), followed by physical therapy (18%), neurology (11%), and radiology (12%). However, another 20% said that no provider types were easy to refer to. Provider types hardest to refer to were psychiatrists (10%) and acupuncturists (7%). Five percent of respondents reported that chiropractors, neurosurgeons, anesthesiologists, neurologists, and physical therapists were also difficult.

### **Provider Perceptions of Access**

Forty-six percent of providers either strongly agreed or agreed with the statement, “In general, injured workers have adequate access to quality health care and health care products” (Exhibit 60). MD/DOs (62%) and podiatrists (65%) were more likely to strongly

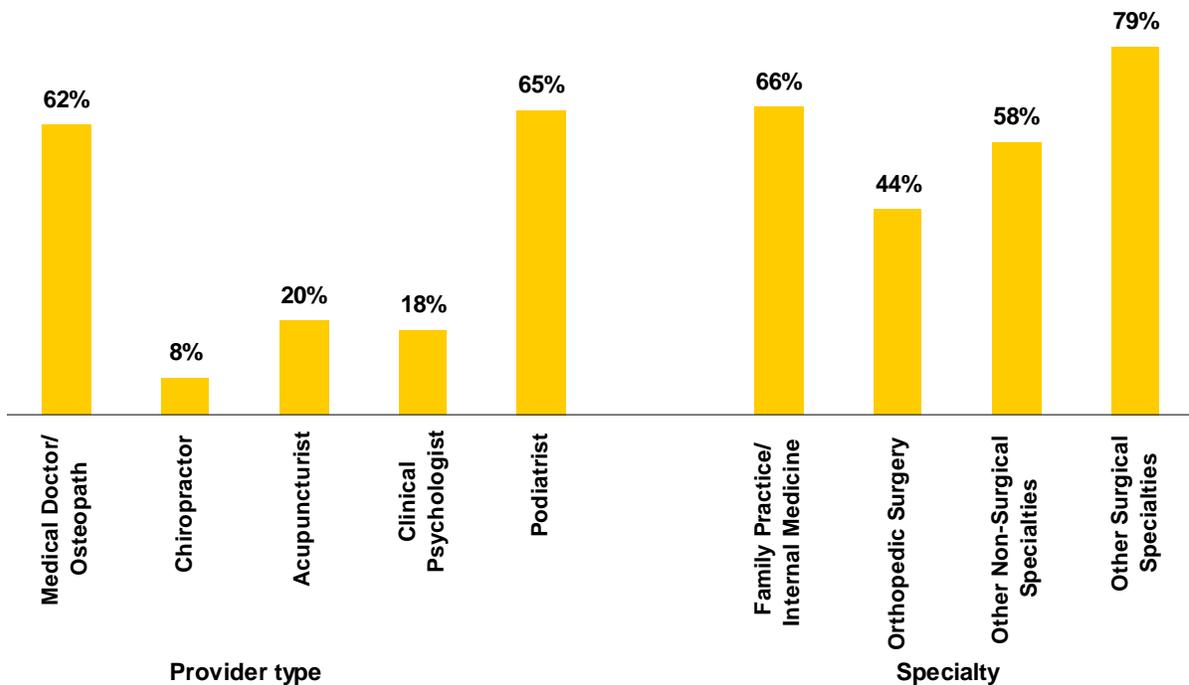
agree or agree with this statement than other provider types. Among specialists, orthopedic surgeons were least likely (44%) to agree with this statement (Exhibit 61).

**Exhibit 60. Provider perceptions that injured workers' have adequate access to quality care, current providers, California, 2006**



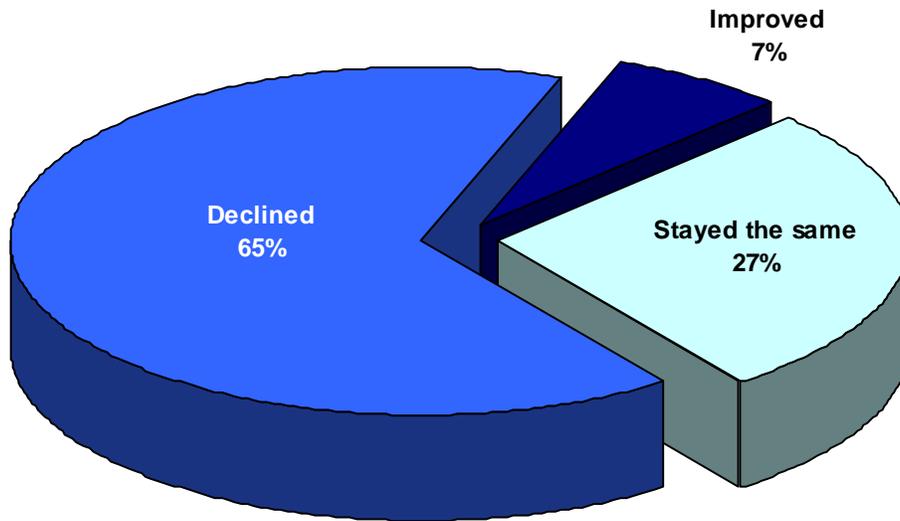
Note: Percentages do not sum to 100% due to rounding

**Exhibit 61. Providers who strongly agree or agree that injured workers have adequate access to quality care by provider type and specialty, current providers, California, 2006**

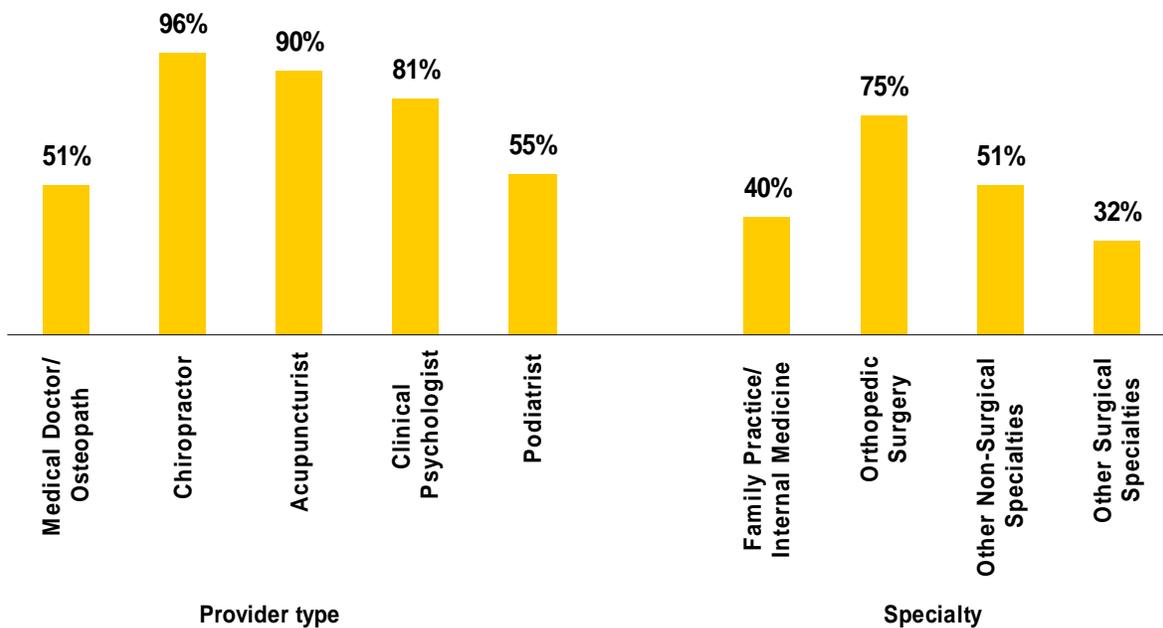


Sixty-five percent of providers believed that injured workers’ access to health care has declined since 2004. The remaining providers believed that access had stayed the same (27%) or improved (7%) (Exhibit 62). Over 90% of chiropractors and acupuncturists and more than 80% of clinical psychologists reported a perceived decline in injured workers’ access since 2004, but only 51% of MD/DOs and 55% of podiatrists reported a perceived decline in access. Orthopedic surgeons (75%) were significantly more likely to report perceived declines in injured workers’ access than other specialists (Exhibit 63).

**Exhibit 62. Providers' perceived changes in injured workers' access since 2004, current providers, California, 2006**



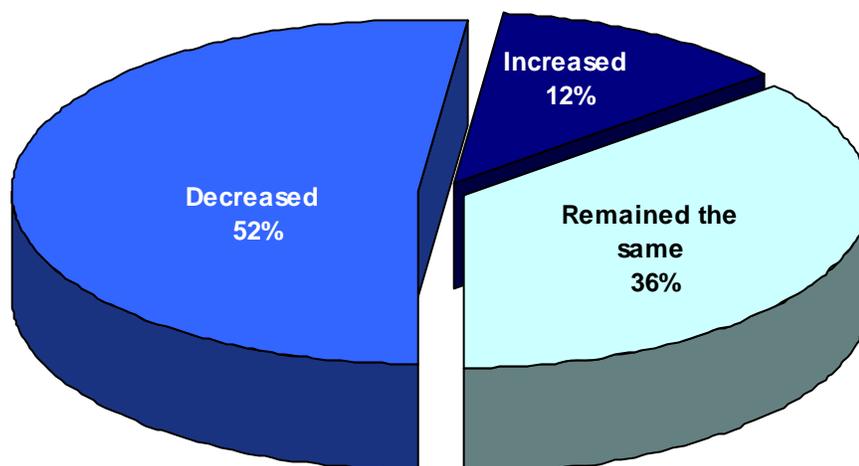
**Exhibit 63. Perceived decline in injured workers' access since 2004 by provider type and specialty, current providers, California, 2006**



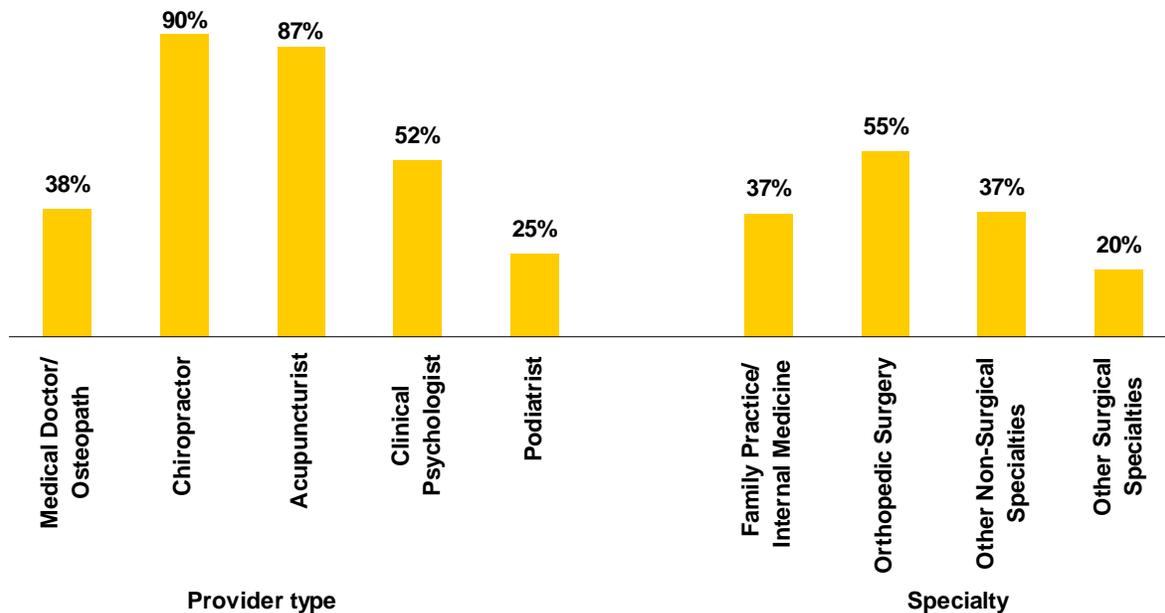
### Changes in Volume of Workers' Compensation Patients in Providers' Practices

The majority (52%) of current providers reported that the percentage of WC patients has decreased in their practice since 2004, while another 36% reported it has remained the same (Exhibit 64). A decrease was reported more frequently by chiropractors (90%), acupuncturists (87%), and orthopedic surgeons (55%) than other provider types and specialists (Exhibit 65).

**Exhibit 64. Changes in volume of injured workers since 2004, current providers, California, 2006**

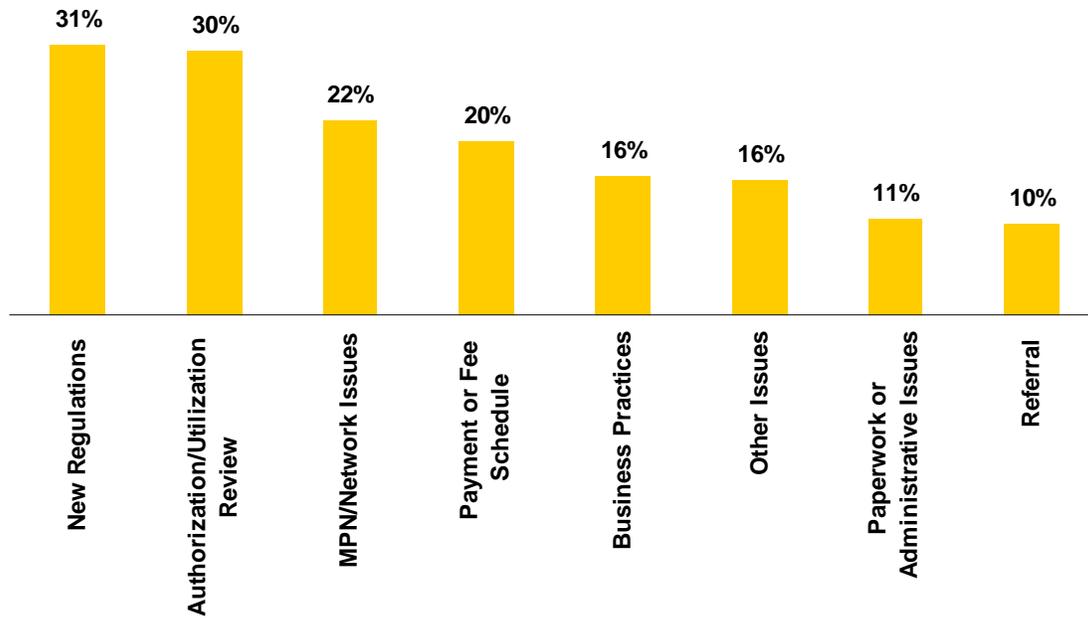


**Exhibit 65. Changes in volume of injured workers since 2004 by provider type and specialty, current providers, California, 2006**

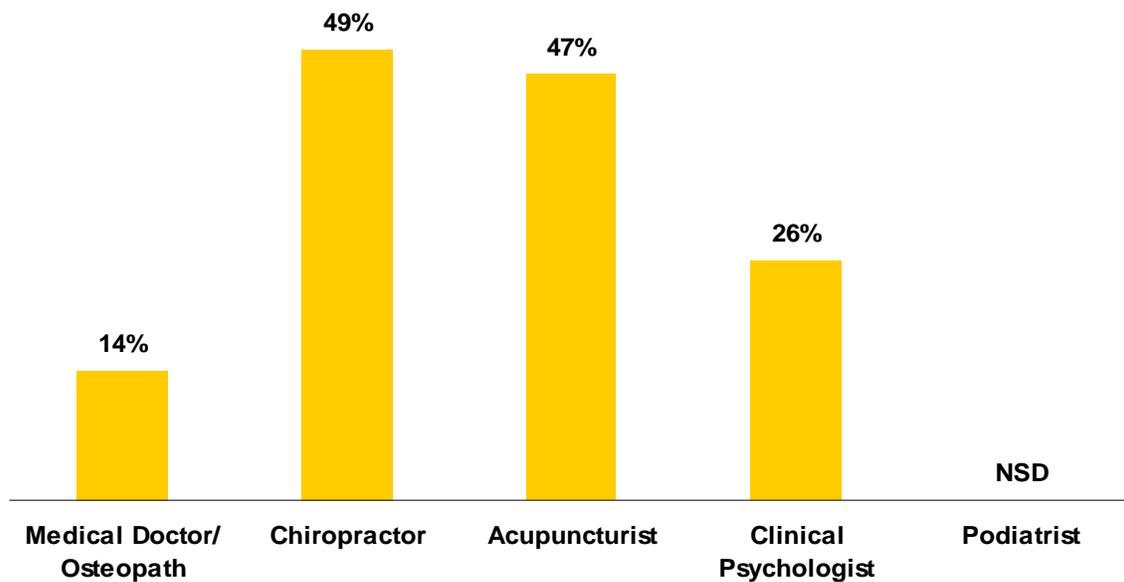


The most frequently cited reasons by all providers for decreased volume pertained to new regulations (31%), authorization/UR issues (30%), and MPN/network issues (22%) (Exhibit 66). Specific regulation issues reported were centered on acupuncture care (i.e., ACOEM not recognizing acupuncture, not able to get authorization for acupuncture, and limits on number of acupuncture visits) and chiropractic care, specifically the 24-visit cap. Chiropractors and acupuncturists were significantly more likely than MD/DOs to report regulations as a reason for decreased volume – 49% and 47% versus 14%, respectively (Exhibit 67). Authorization/UR problems included delays and denials of authorization/treatment requests and UR being too burdensome or wanting less peer review. Specific MPN/network issues cited were not being able to get into an MPN and patient difficulties accessing MPN doctors or having a choice of providers for referral. Among MD/DOs, authorization/UR problems were reported as a reason for decreased WC volume more frequently by other non-surgical specialists (40%) and orthopedic surgeons (31%), while business practices were cited by other surgeons (47%) at a significantly higher rate than other specialties.

**Exhibit 66. Reasons for decrease in volume of injured workers' in providers' practice since 2004, current providers, California, 2006**



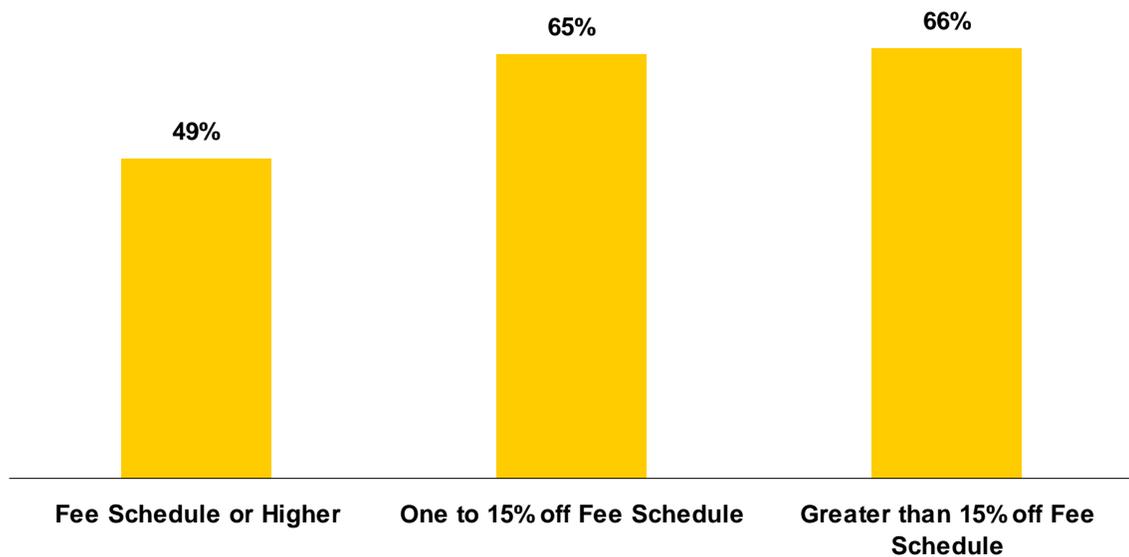
**Exhibit 67. Decrease in volume of injured workers' since 2004 due to new regulations by provider type, current providers, California, 2006**



NSD: Not Sufficient Data

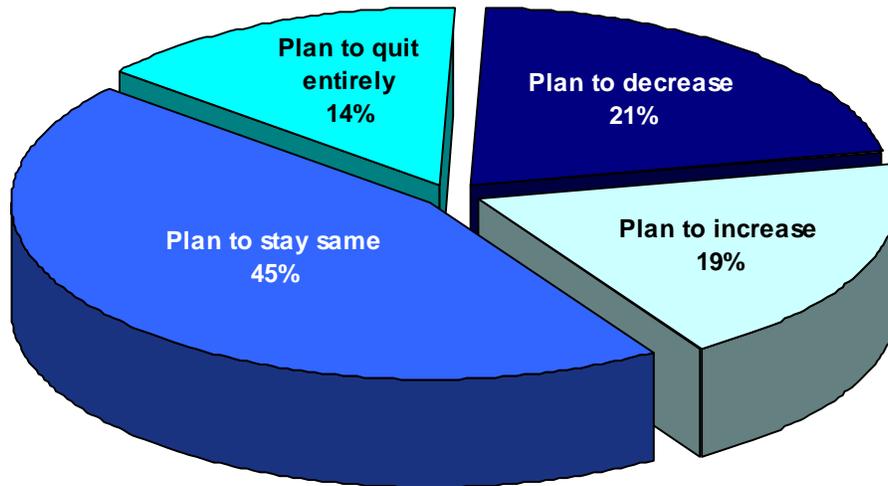
Further comparison of providers who reported a decreased volume of injured workers in their practice by their WC payment levels revealed that those paid at any discounted rate off the fee schedule were significantly more likely to have decreased WC volume since 2004 (65% and 66% ) than providers paid at the fee schedule or higher (49%) (Exhibit 68).

**Exhibit 68. Reported decrease in WC volume by provider payment rate, current providers, California, 2006**



In response to a question on future plans to change the volume of WC patients in their practice, 19% of providers reported they planned to increase their volume, while 45% planned to stay at the same level. The remainder (36%) planned to decrease or quit the system entirely (Exhibit 69). A higher percentage of clinical psychologists (41%), chiropractors (39%), MD/DOs (36%), and orthopedic surgeons (48%) reported planned decreases compared to acupuncturists (17%), podiatrists (25%), FP/IM (35%) and other surgeons (25%).

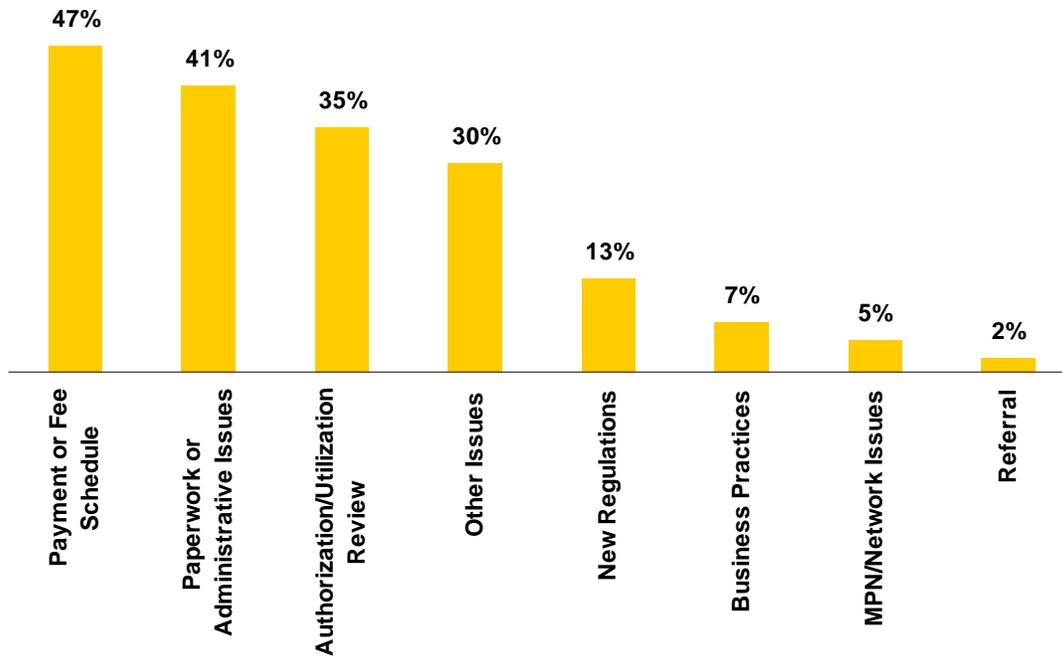
**Exhibit 69. Future plans for changes in WC volume, current providers, California, 2006**



Note: Percentages do not sum to 100% due to rounding

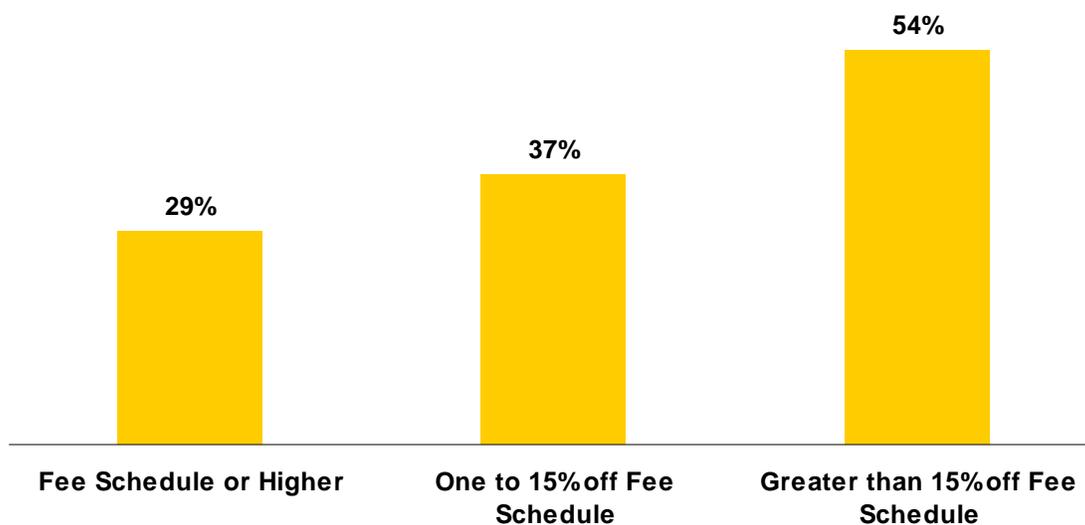
When asked about the reasons for planned decreases, providers most frequently cited payment or fee schedule issues (47%), paperwork and administrative issues (41%), and authorization/UR issues (35%) (Exhibit 70). Providers noted specific issues including: low payment and insufficient reimbursement levels, delays in payment, excessive paperwork, delays and denials of authorization/treatment requests, and wanting less peer review and UR. Overall, when asked to identify what changes would help them continue to treat WC patients, providers cited improvements in the authorization/UR process (25%), payment or fee schedule (24%), paperwork and administrative issues (14%), and referral system (13%).

**Exhibit 70. Reasons for planned decrease in WC volume, current providers, California, 2006**



Comparing future plans for decreased volume of WC patients by provider payment levels showed that those who were paid 15% or more below the fee schedule were significantly more likely to report planned decreases or quitting the system entirely relative to providers who were paid at the fee schedule or higher (54% vs. 29%) (Exhibit 71).

**Exhibit 71. Future planned decrease in WC Volume by payment rate, current providers, California, 2006**



## **QUALITY**

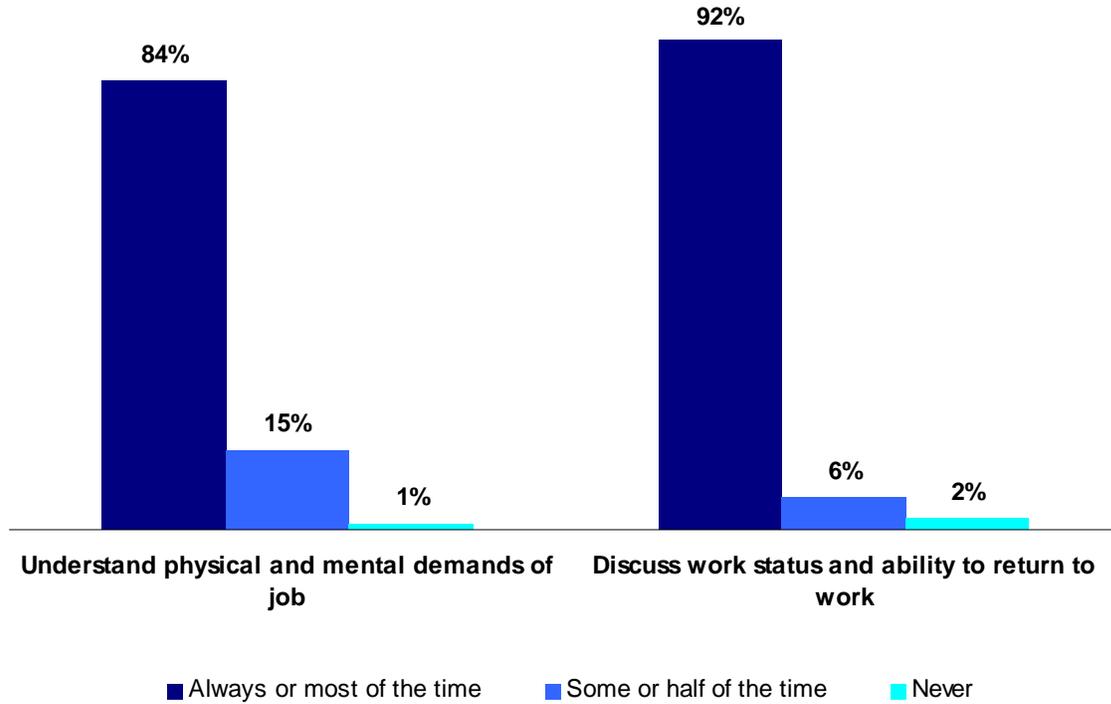
In this subsection, quality of care provided to injured workers in California is assessed based on the occupational medicine orientation of providers, providers' perceptions of injured workers' quality of care, and perceived barriers to delivery of quality care under the California WC system.

### **Occupational Medicine Orientation**

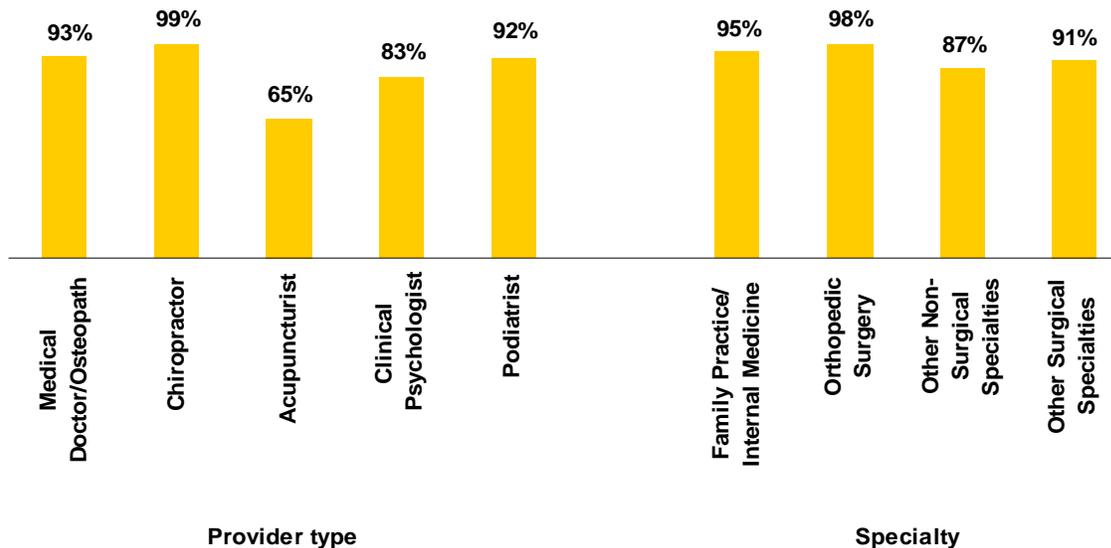
Most providers reported they understood the physical and mental demands of their WC patients' jobs (84%) and discussed work status or ability of the patient to return to work (92%) always or most of the time (Exhibit 72). Providers did not differ in their responses by provider type, but those in other surgical specialties least frequently reported understanding the physical and mental demands of WC patients' jobs (78%) compared to FP/IM (85%), orthopedic surgeons (81%), or other non-surgical specialists (82%). Provider types and specialties differed in the frequency of discussing work status and return-to-work, with

acupuncturists (65%) and other surgical specialties (87%) least likely to report this activity always or most of the time (Exhibit 73).

**Exhibit 72. Occupational medicine orientation, current providers, California, 2006**

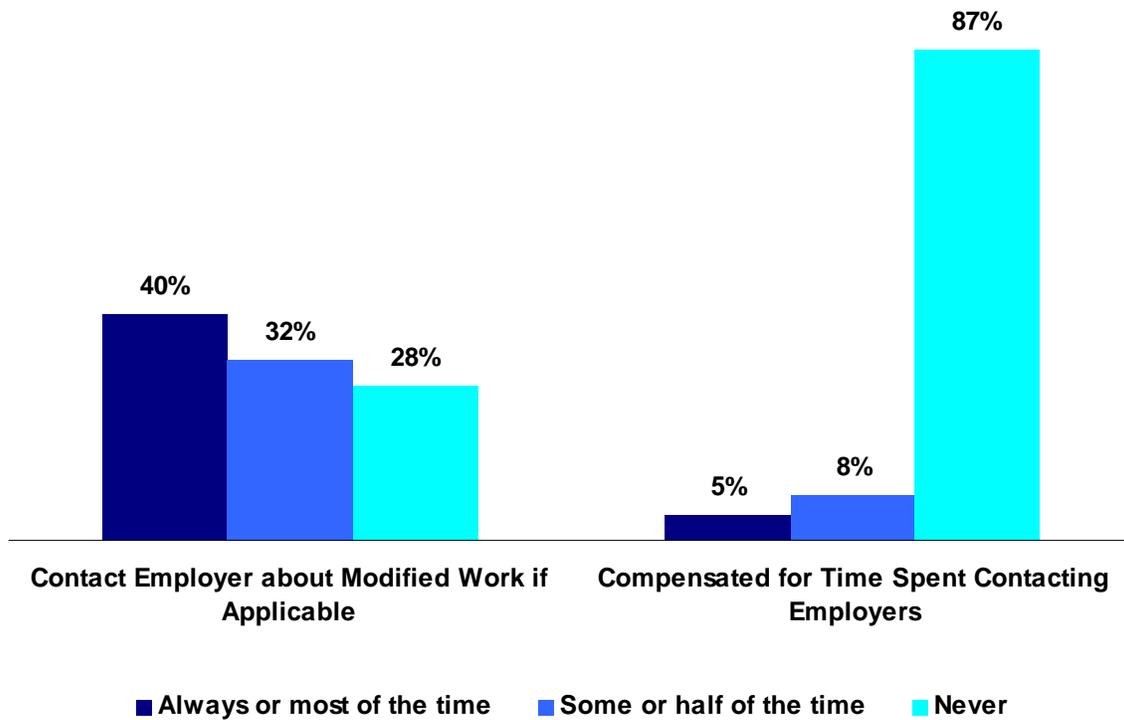


**Exhibit 73. Always or most of time discuss work status and ability to return to work by provider type and specialty, current providers, California, 2006**



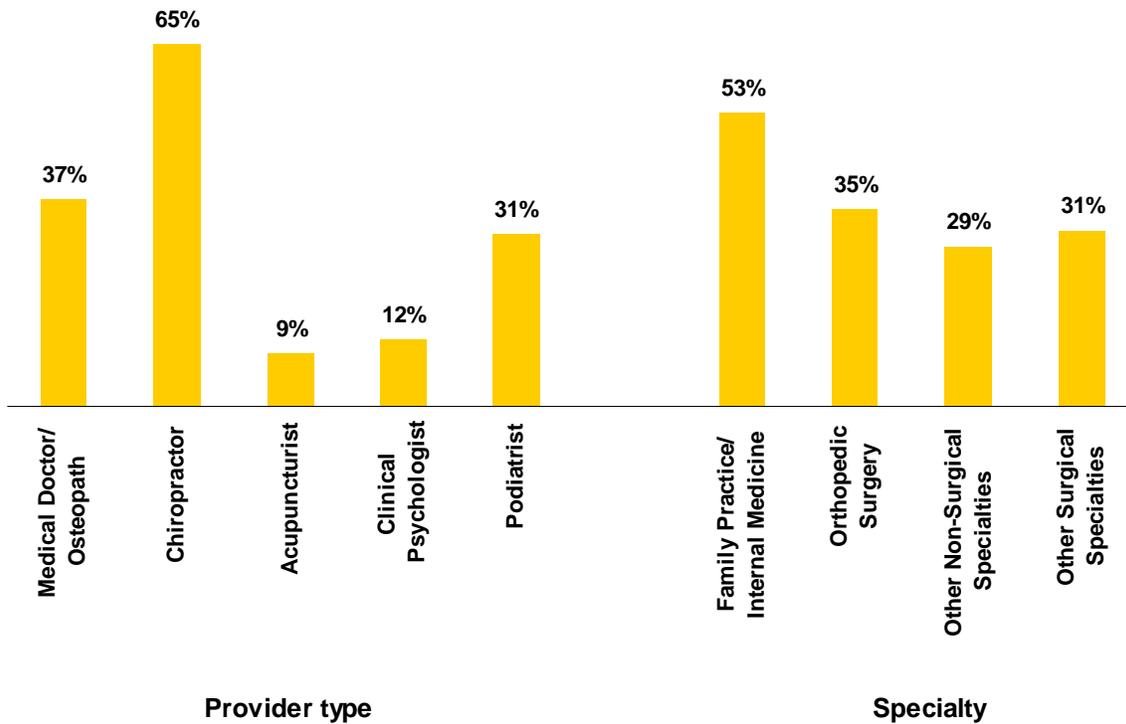
Forty-percent of providers reported always or most of the time contacting the employer about the availability of modified work (Exhibit 74). A small minority of providers (5%) said they were always compensated for this activity. Among those who were sometimes or never compensated for this activity, 67% reported they would contact the employers more frequently if they were specifically compensated to do so.

**Exhibit 74. Contacting employer and being compensated for time, current providers, California, 2006**



Chiropractors (65%), MD/DOs (37%), orthopedic surgeons (35%), and FP/IM doctors (53%) more frequently reported contacting the employer about modified work always or most of the time (Exhibit 75).

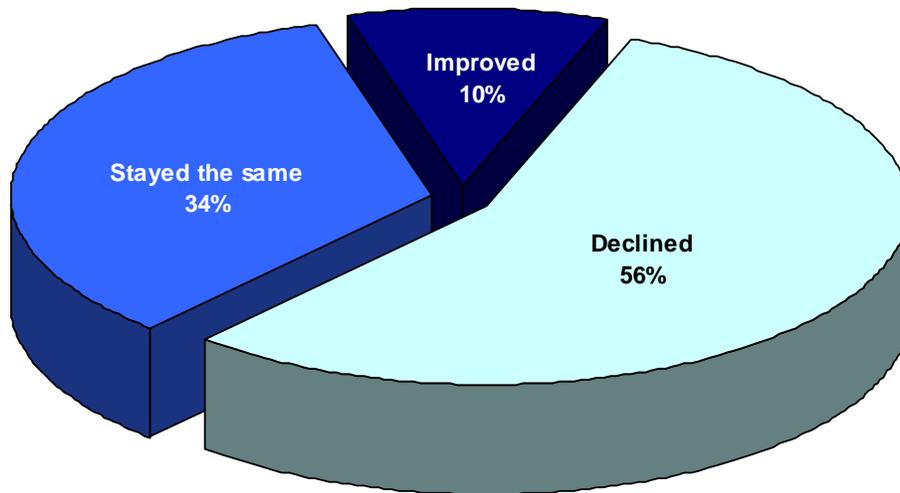
**Exhibit 75. Provider types and specialties who always or most of the time contact employers about the availability of modified work, current providers, California, 2006**



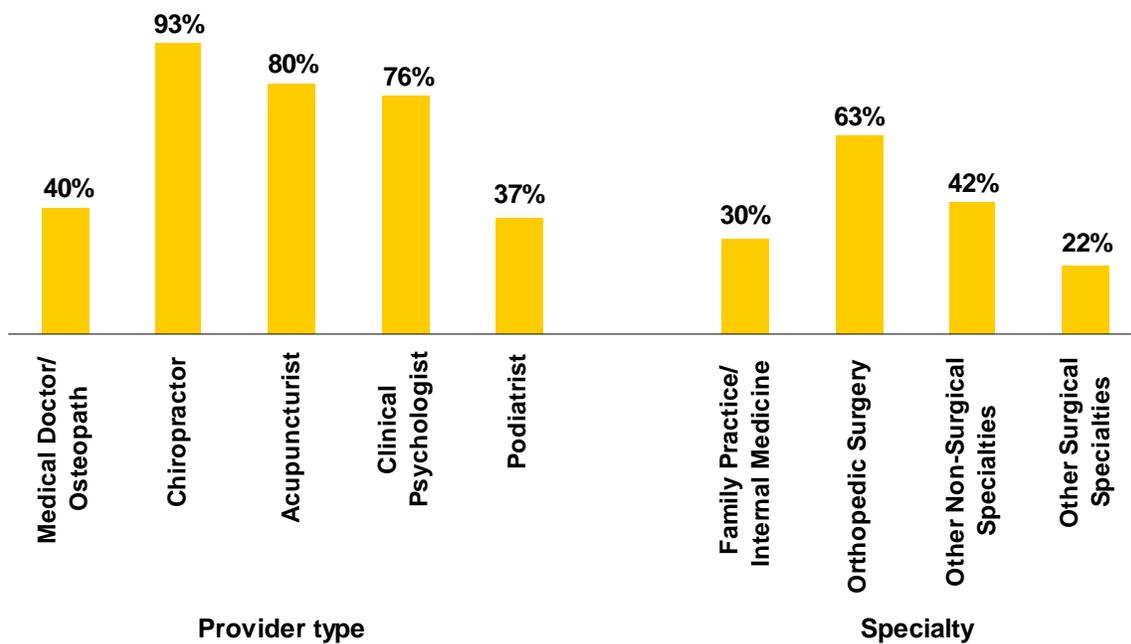
### **Providers' Perceptions of Workers' Compensation Quality of Care**

Most providers (56%) reported that the quality of care has declined since 2004, while the remainder reported quality has stayed the same (34%) or improved (10%) (Exhibit 76). Chiropractors (93%), acupuncturists (80%), clinical psychologists (76%), and orthopedic surgeons (63%) more often reported a decline in WC quality of care (Exhibit 77).

**Exhibit 76. Providers' perception of quality of care, current providers, California, 2006**

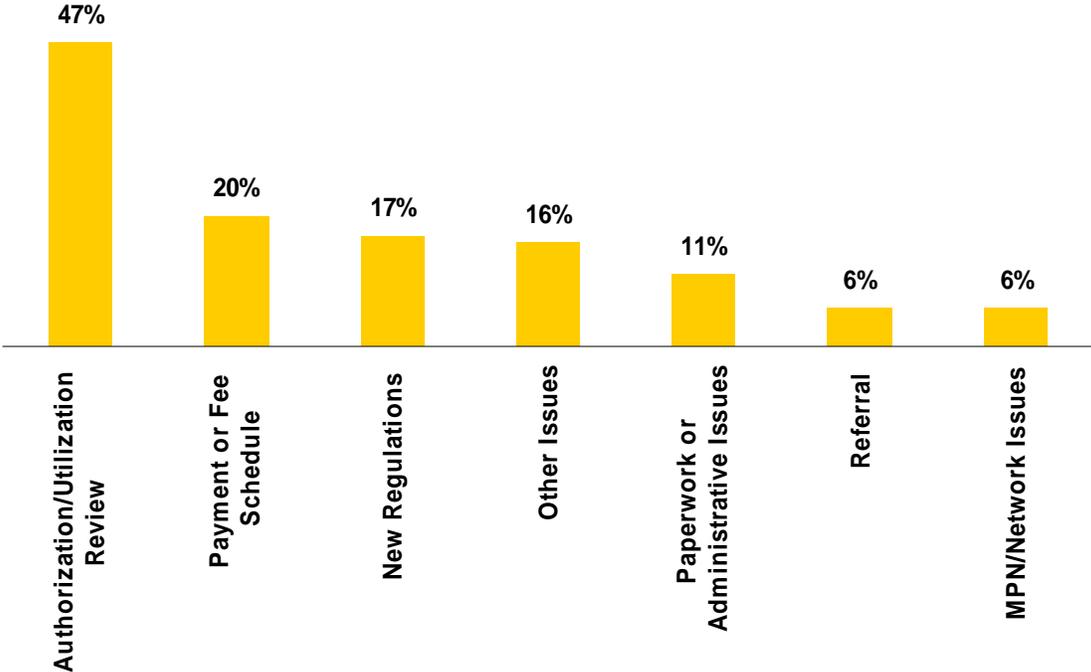


**Exhibit 77. Providers' perceived decline in quality of care by provider type and specialty, current providers, California, 2006**

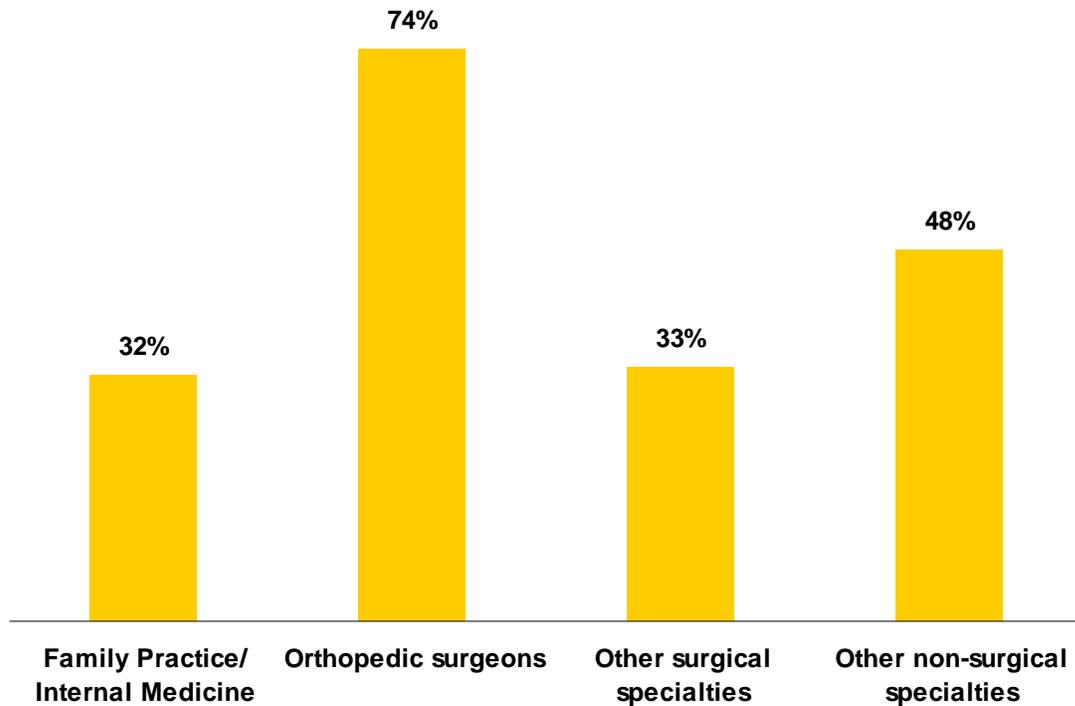


Providers also reported on the barriers they may have experienced in providing quality care in the current WC system. Providers most frequently (47%) reported authorization/UR issues as barriers (Exhibit 78). Most of the problems related to authorization/UR focused on denials of treatment, burdensome UR requirements, and other issues. Reported authorization/UR issues differed by specialty but not by provider type. Orthopedic surgeons (74%) and other non-surgical specialists (48%) most often reported authorization/UR as a barrier to quality care (Exhibit 79).

**Exhibit 78. Perceived barriers to quality of care, current providers, California, 2006**



**Exhibit 79. Authorization/UR Issues as barrier to quality of care by specialty, current providers, California, 2006**



### **ACCESS AND QUALITY OF CARE BY PROVIDERS' VOLUME OF WORKERS' COMPENSATION PATIENTS**

As shown previously in Exhibit 46, 31% of current providers under California's WC system provide care to six or more injured workers per week, a relatively high volume of care. This subsection presents findings for these high-volume providers relative to low-volume providers, since declines in accepting or treating WC patients or perceived barriers in access to quality care by high-volume providers may have a greater overall impact on the WC system.

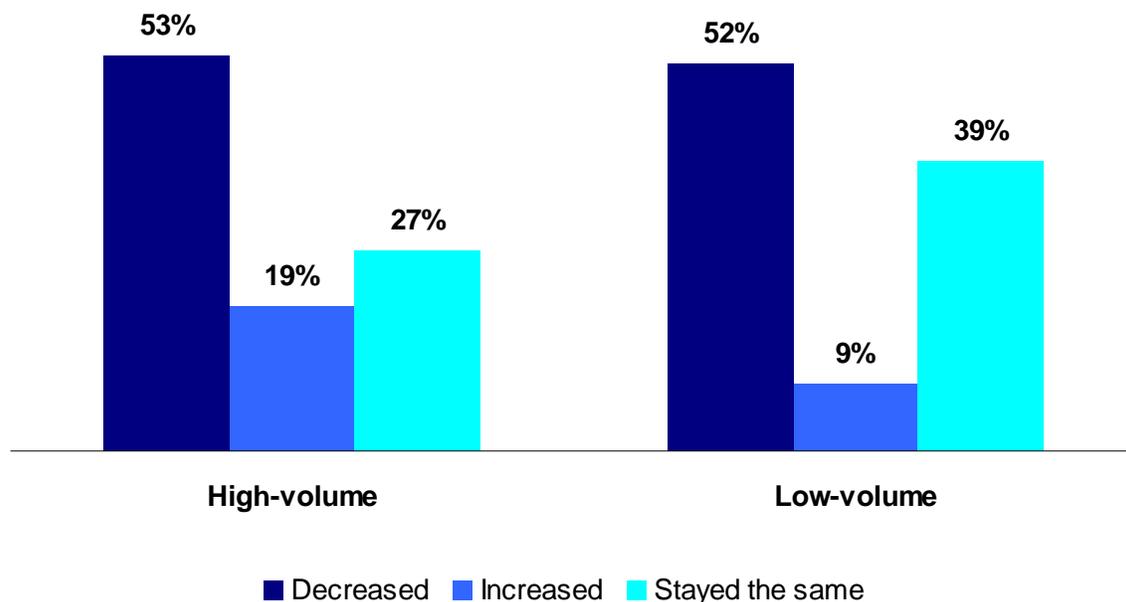
The average proportion of WC patients in practices of low-volume providers was 6% compared to 36% among high-volume providers. The majority (75%) of high-volume providers were MD/DOs; 53% of these providers were orthopedic surgeons.

### Access

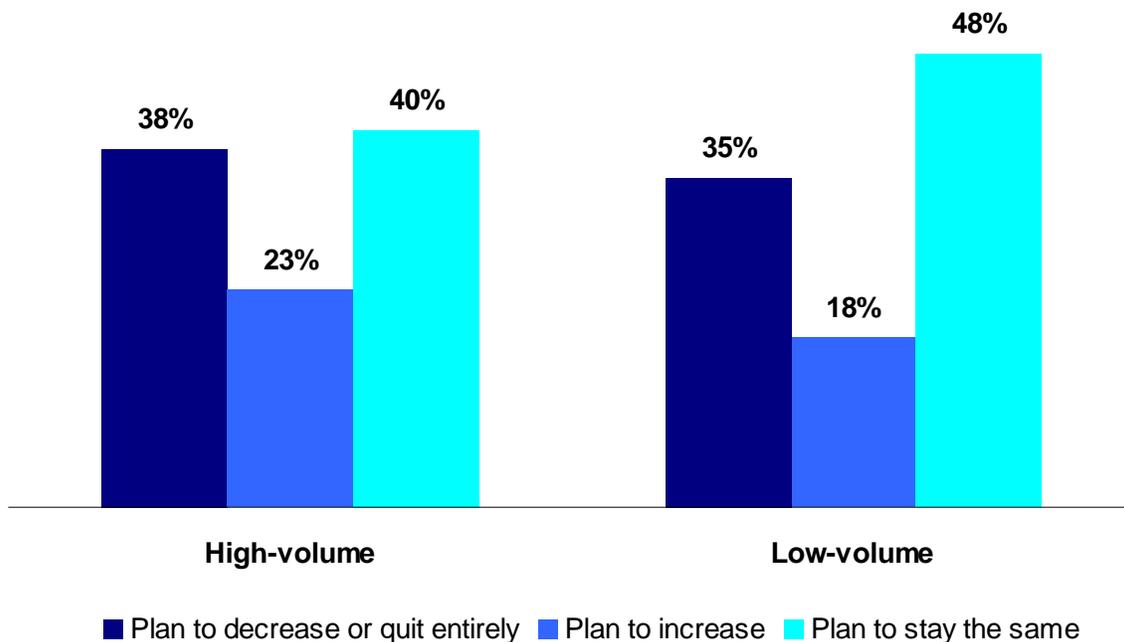
The majority (75%) of high-volume providers perceived a decline in access to quality of care for WC patients since 2004, while 61% of the low-volume providers perceived a decline.

Similar percentages of high-volume and low-volume providers reported decreases in the number of WC patients they have seen since 2004. However, high-volume providers were more likely to have increased their WC patient caseloads than low-volume providers (19% versus 9%) (Exhibit 80). Similarly, high-volume providers more often reported plans to increase their WC patient volume than low-volume providers (23% versus 18%) (Exhibit 81). In addition, high-volume providers were more likely than low-volume providers to report additional language capacity in their practice (83% versus 72%).

**Exhibit 80. Change in volume of WC patients since 2004 in practices of high- and low-volume current providers, California, 2006**



**Exhibit 81. Planned change in volume of WC patients among high- and low-volume current providers, California, 2006**

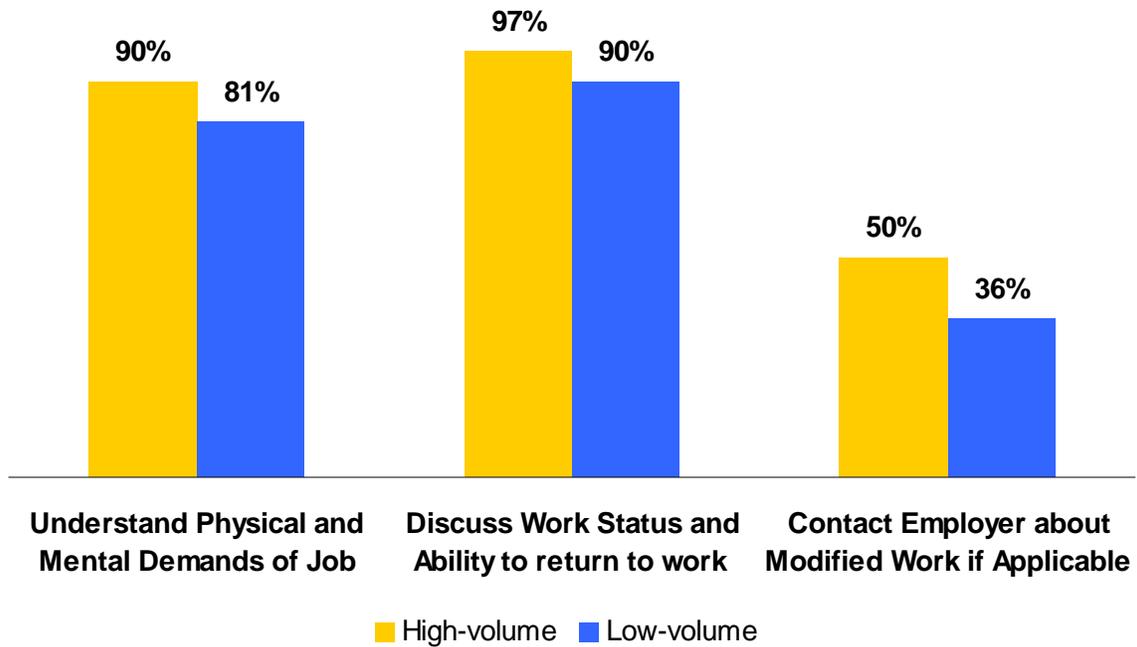


Note: Percentages do not sum to 100% due to rounding

### Quality

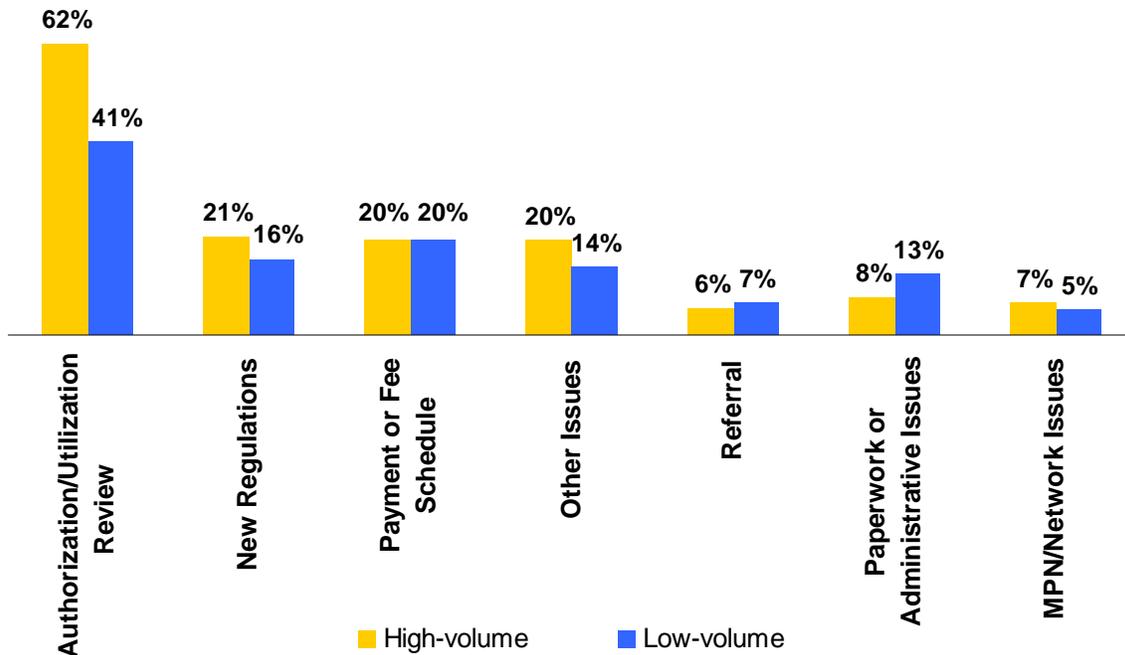
High-volume providers more frequently reported understanding the demands of their patients' jobs (90% vs. 81%), discussing work status (97% vs. 90%), and contacting employers about modified work (50% vs. 36%) than low-volume providers (Exhibits 82). High- and low-volume providers did not differ in whether they were compensated for contacting employers about modified work.

**Exhibit 82. Occupational medicine orientation by volume of WC patients, current providers, California, 2006**



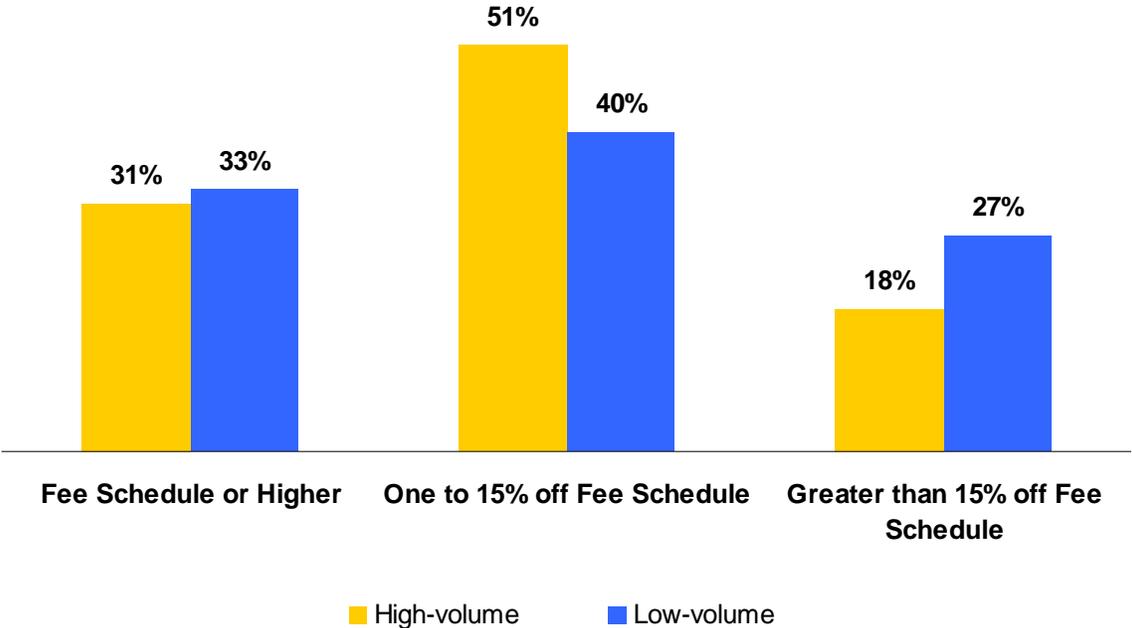
Sixty-five percent of high-volume providers perceived a decline in quality of care compared to 52% of low-volume providers. Furthermore, high-volume providers more frequently perceived authorization/ UR issues (62%), new regulations (21%), and other issues (20%) as barriers to quality of care (Exhibit 83). Although not related to quality, when high-volume providers were asked about the reasons for declines in WC volume they reported authorization/UR (37%) as having a more important impact on declines in WC volume than low-volume providers reported (27%).

**Exhibit 83. Perceived barriers to quality of care by volume of WC patients, current providers, California, 2006**



High-volume providers were more likely to be paid at a discounted rate of 1% to 15% below the fee schedule than low-volume providers (51% versus 40%), while low-volume providers were more likely to be paid at a discounted rate of more than 15% below the fee schedule than high-volume providers (27% versus 18%) (Exhibit 84).

**Exhibit 84. Payment rates of high- and low-volume current providers, California, 2006**



## SUMMARY AND CONCLUSIONS

### **1. Past and current providers differed according to specialty mix and payment rates.**

- There were no significant differences in the mix of provider types who were no longer treating WC patients compared to those who currently are treating WC patients. Among MD/DO specialties, however, FP/IM doctors were 32% of past providers compared to 25% of current providers, and other non-surgical specialists were 31% of past providers compared to 22% of current providers, suggesting that both these groups were more likely to have dropped out of the WC system. Orthopedic surgeons were 14% of past providers, but 28% of current providers, suggesting that they were less likely to have dropped out of the WC system.
- More past providers were paid at discounts of greater than 15% below the fee schedule than current providers (33% versus 24%). Past providers most frequently cited low payment levels (46%) as the reason for not participating in WC.
- The great majority of past providers (88%) are not likely to return to WC care.

### **2. For a large majority of providers, WC patients represented a small portion of their total practice (5 or fewer WC patients per week), and almost half of providers stated they did not belong to MPNs.**

- Less than a third of current WC providers (31%) rendered care to a high volume of injured workers (defined as 6 or more WC patients per week). Among provider types, MD/DOs (35%) and chiropractors (26%) were more likely to be high-volume providers. Among MD/DO specialties, orthopedic surgeons (67%) and other non-surgical specialists (36%) were more likely to be high-volume.

- More than half (54%) of providers stated they belonged to MPNs. Among provider types, chiropractors (74%) and podiatrists (60%) were more likely to have MPN contracts. Among MD/DO specialties, orthopedic surgeons (62%) and other non-surgical specialists (60%) were more likely to have such contracts.

**3. The majority of providers believed injured workers did not have adequate access to quality care and even more believed that access had declined since 2004. These unfavorable perceptions were particularly prevalent among chiropractors and acupuncturists, compared to MD/DOs, podiatrists, and clinical psychologists. Among MD/DO specialties, orthopedic surgeons also perceived a lack of access to quality care and a decline in access since 2004.**

- Less than half (45%) strongly agreed or agreed that injured workers have adequate access to quality WC care. While almost two-thirds of MD/DOs (62%) and podiatrists (65%) reported high levels of agreement, chiropractors (8%) and acupuncturists (20%) reported low levels of agreement. Among MD/DO specialties, other surgical specialists (79%) and FP/IM doctors (66%) reported high levels of agreement, while orthopedic surgeons (44%) and other non-surgical specialists (58%) reported lower levels of agreement.
- About two-thirds believed (65%) access to care of injured workers has declined since 2004. This belief was particularly strong among chiropractors (96%) and acupuncturists (90%), and among orthopedic surgeons (75%).

**4. The majority of providers reported declines in their volume of WC patients since 2004, most frequently citing new regulations and authorization/UR issues. These reported declines were most prevalent among chiropractors and acupuncturists, compared to MD/DOs, podiatrists, and clinical psychologists. However, among MD/DO specialties, orthopedic surgeons reported declines in WC volume since 2004 more often than other specialties.**

- Over one half of current providers (52%) experienced a decline in the volume of their WC patients since 2004. Chiropractors (90%), acupuncturists (87%), and orthopedic surgeons (55%) were more likely to report declines.
- Providers reported that their declines in WC volume were most often the result of new regulations (31%) and authorization/UR issues (30%).
- Providers paid 1% to 15% below the OMFS (65%) or more than 15% below the OMFS (66%) were more likely to report declines in WC volume since 2004 than those paid at or above the OMFS (49%).
- More than one-third of providers report they plan to quit WC entirely (14%) or to reduce their WC volume in the future (21%). Providers most often reported that improvements in the authorization/UR process (25%) and in the fee schedule (24%) would help them to continue treating WC patients.

#### **5. Providers reported a high level of orientation towards occupational medicine.**

- The great majority of providers report understanding the injured workers' job demands (84%) and discussing work status and ability to return to work (92%) always or most of the time.
- Most (72%) providers contact employers about the availability of modified work at least half the time. However, most (87%) providers report not being compensated for contacting the employer.
- Thirty-nine percent of current WC providers conduct medical-legal evaluations. Chiropractors have the highest rate of performing such evaluations (47%), followed by podiatrists (40%), MD/DOs (39%), clinical psychologists (38%), and acupuncturists (19%). Among MD/DO specialties, orthopedic surgeons (56%) had the highest rate of conducting such evaluations.

**6. The majority of providers perceived a decline in quality of WC care since 2004 and these perceptions were closely associated with authorization/UR processes, although it differed by provider type and specialty.**

- The majority of providers (56%) believed that the quality of WC care has declined since 2004. Chiropractors (93%), acupuncturists (80%), and orthopedic surgeons (63%) were most likely to report this belief.
- Providers most frequently cited authorization/UR issues (47%) (specifically, denials and UR requirements) as barriers to provision of quality care. Orthopedic surgeons (74%) were most likely to cite these reasons.

**7. Despite some increases in the number of WC patients among high-volume providers, they reported perceived declines in access to and quality of care for injured workers more frequently than low-volume providers.**

- More high-volume providers believed that access to care for injured workers has declined since 2004 than low-volume providers (75% versus 61%).
- High-volume providers reported more often that the volume of their WC patients had increased compared to low-volume providers (19% versus 9%). High-volume providers also planned further increases more often than low-volume providers (23% versus 18%).
- High-volume providers more often perceived a decline in quality of WC care since 2004 compared to low-volume providers (65% versus 52%).
- High-volume providers more often perceived authorization/UR issues as barriers to providing quality care than low-volume providers (62% versus 41%).

**8. The majority of WC providers are located in the three most populous areas of the state: Los Angeles County, the Bay Area, and all other Southern California counties.**

- Most WC providers (91%) were located in urban areas.
- The providers with the largest representation in rural areas were FP/IM doctors — 17% of these providers reported being located in rural areas.

**9. Paying providers less than the OMFS seems to have affected the current volume of WC patients treated by physicians, as well as their intentions to reduce WC volume or leave the WC system entirely in the future.**

- High-volume providers were more likely to be paid at the fee schedule or be paid at a discount of 1% to 15% below the fee schedule (82%) than low-volume providers (73%).
- The majority of providers (54%) who reported being paid more than 15% below the fee schedule reported they are planning to decrease their WC volume or quit WC care entirely. In comparison, only 29% of providers paid at the fee schedule and 37% of providers paid from 1% to 15% below the fee schedule had similar plans to decrease volume or to quit the system.
- The most frequently cited reason for stopping participation in WC was payment or fee schedule issues (46%).
- Providers paid 1% to 15% below the fee schedule (65%) or more than 15% below the fee schedule (66%) were more likely to report declines in WC volume since 2004 than those paid at or above the fee schedule (49%). When asked about the reasons for planned decreases, providers most frequently cited payment or fee schedule issues (47%).

- Providers most often reported that improvements in the authorization/UR process (25%) and in the fee schedule (24%) would help them to continue treating WC patients.