

# Impact of Future Healthcare Reform on the Practice of Occupational Medicine

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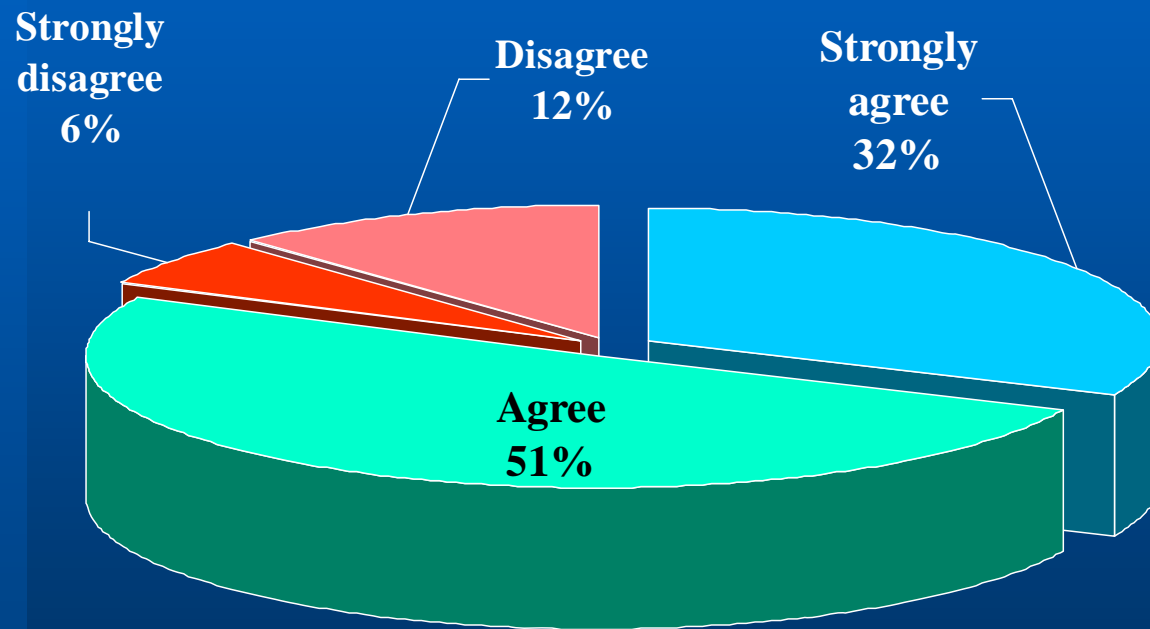
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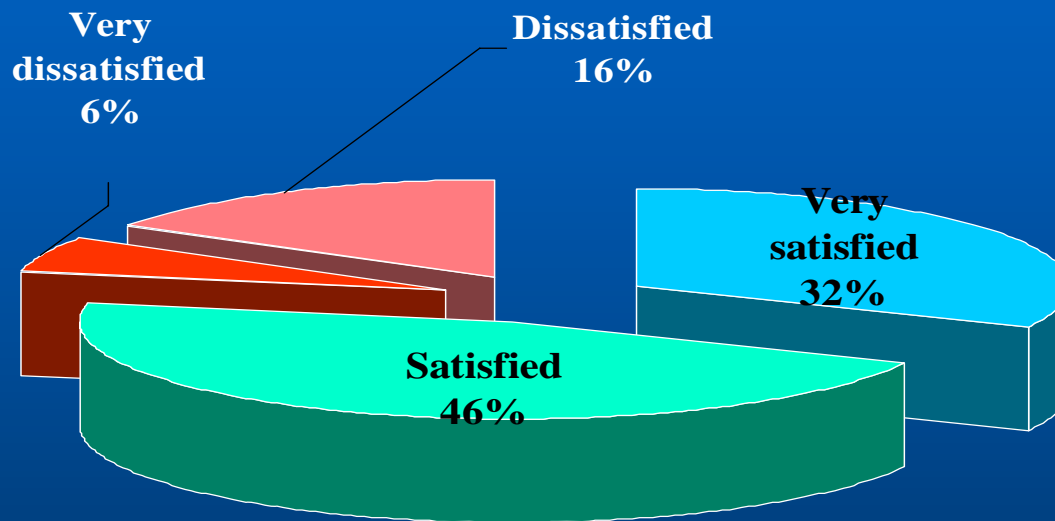
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# 83% felt they were able to get access to quality medical care for their injury



# 78% were satisfied with the overall care they received for their injury



- 77% were satisfied with their overall care in 1998 CA DWC Study and 83% in 2004 PA Study

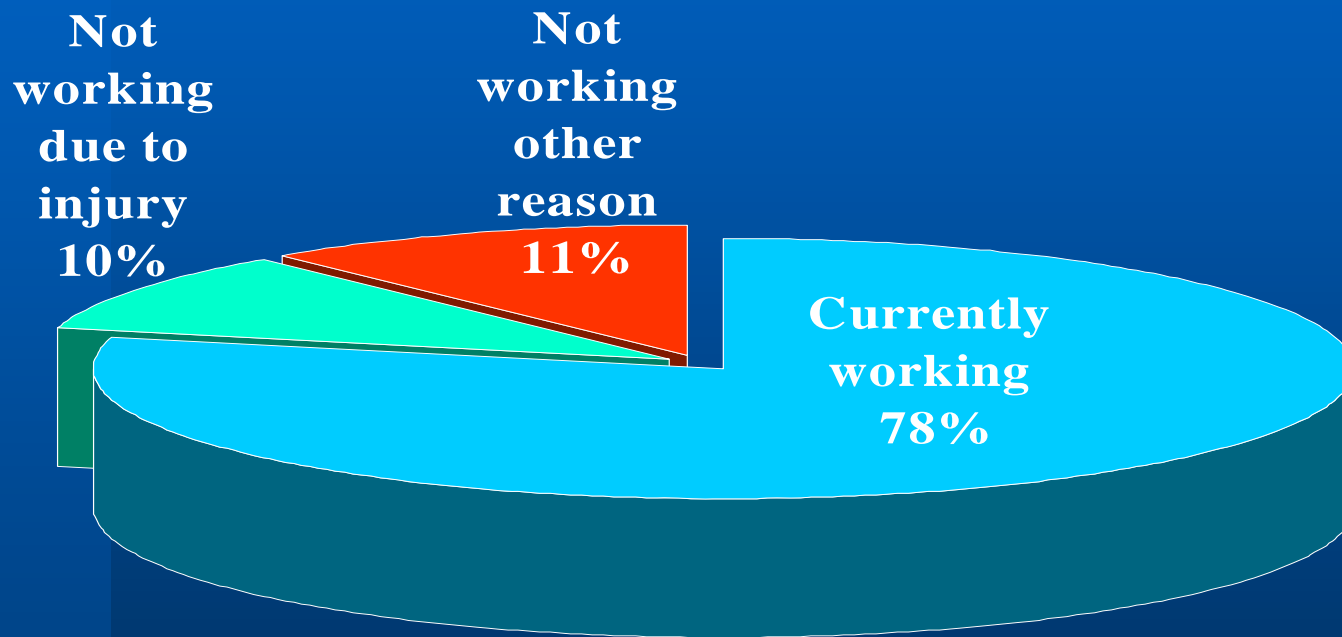
# Injured workers received care from providers who engage in behaviors considered important in occ med

|                                 | Injured Worker Survey | Provider Survey |
|---------------------------------|-----------------------|-----------------|
| Understand worker's job demands | 83%                   | 84%             |
| Discuss work restrictions       | 87%                   | 92%             |
| Discuss how to avoid re-injury  | 81%                   |                 |

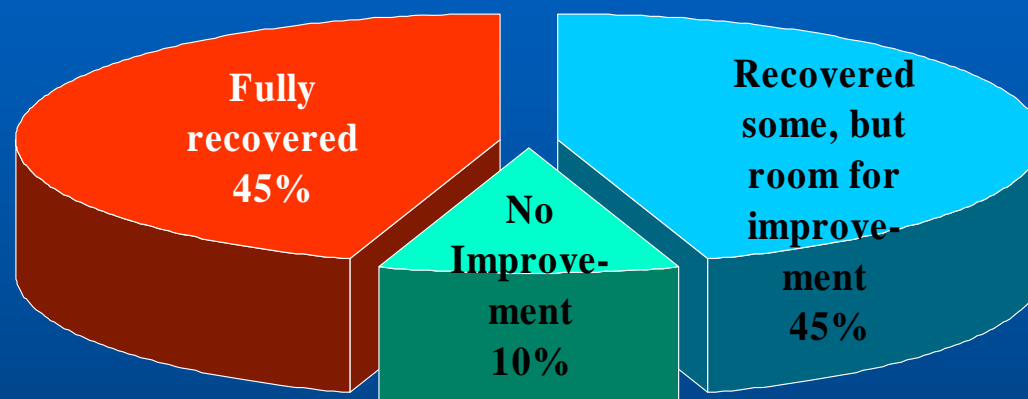
# Some injured workers encounter barriers to specialty and PT/OT care

| Problem   | % of All Injured Workers Surveyed |
|---|-----------------------------------|
| Didn't get any recommended specialty care             | 2.4%                              |
| Got specialty care, but had difficulties obtaining it | 5.5%                              |
| Didn't get any recommended PT/OT                      | 2.3%                              |
| Got PT/OT, but had difficulties obtaining it          | 6.3%                              |

# 78% of workers were working at the time of interview

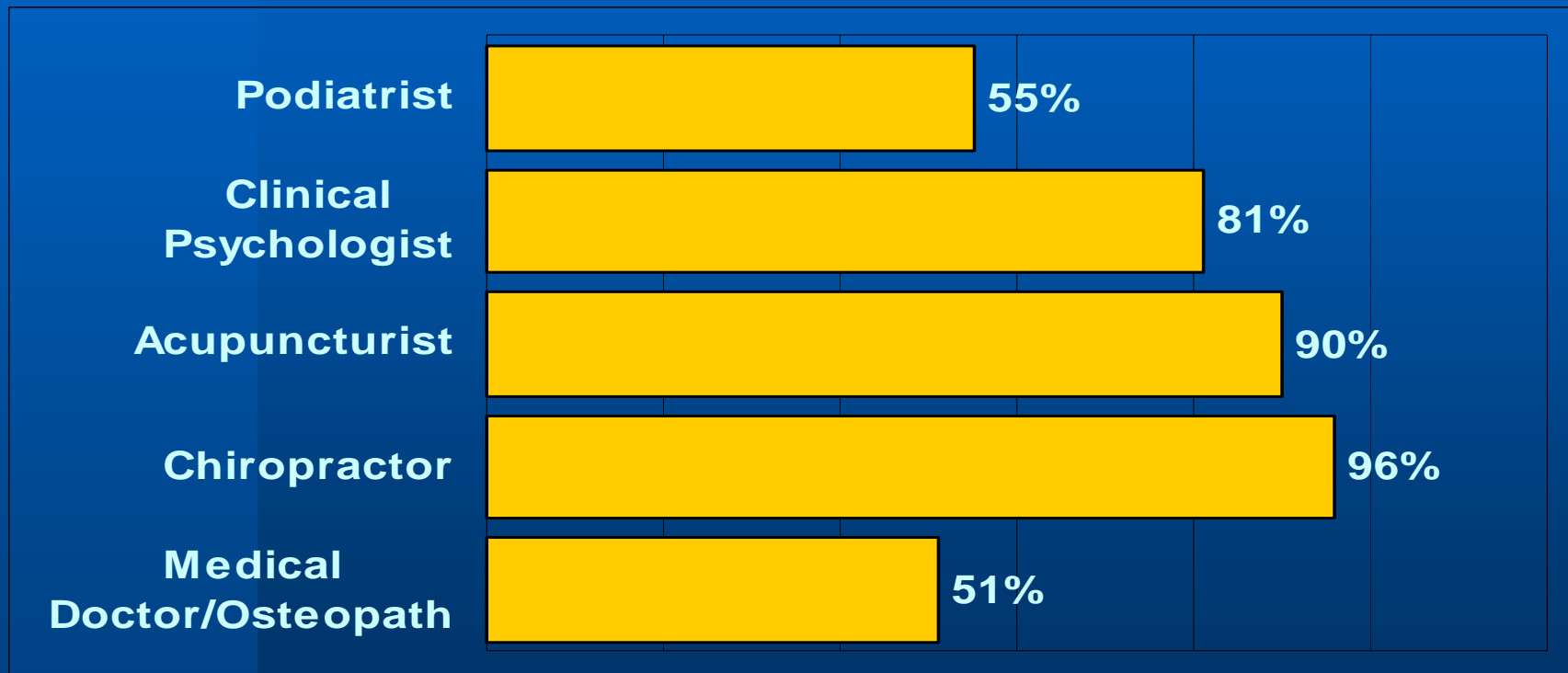


# 55% of workers had not fully recovered more than one year after their injury

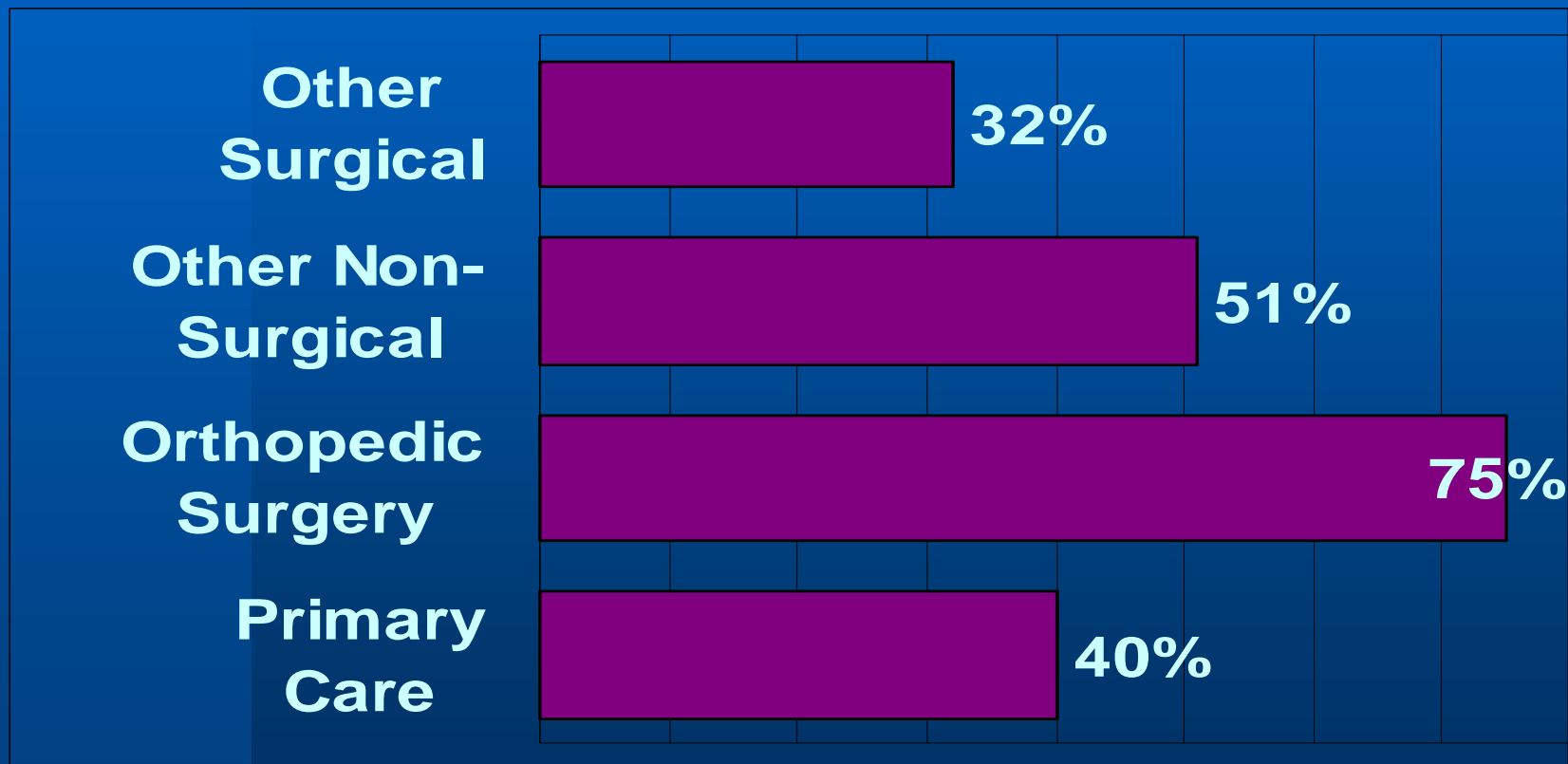


- This compares to 70% in 1998 CA DWC study and 72% in 2000 WA State Study, but these studies had shorter follow-up times (8 and 5 mos.) and different survey populations

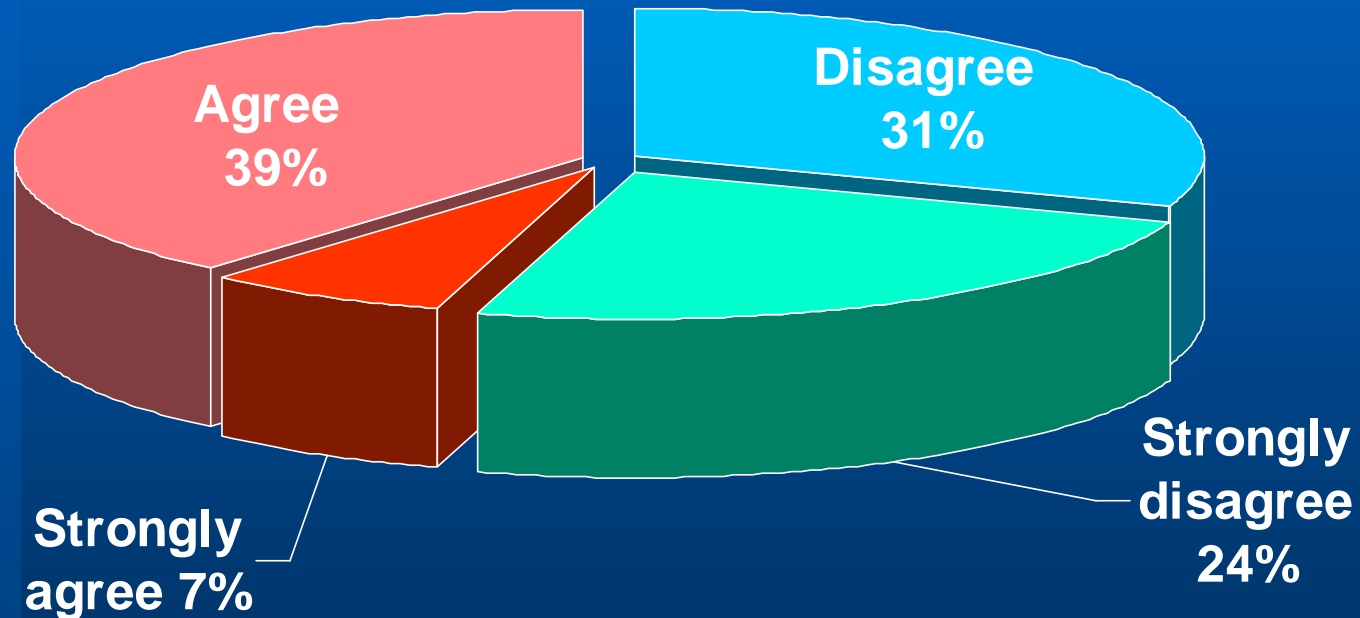
# Providers who think access has declined differ by type



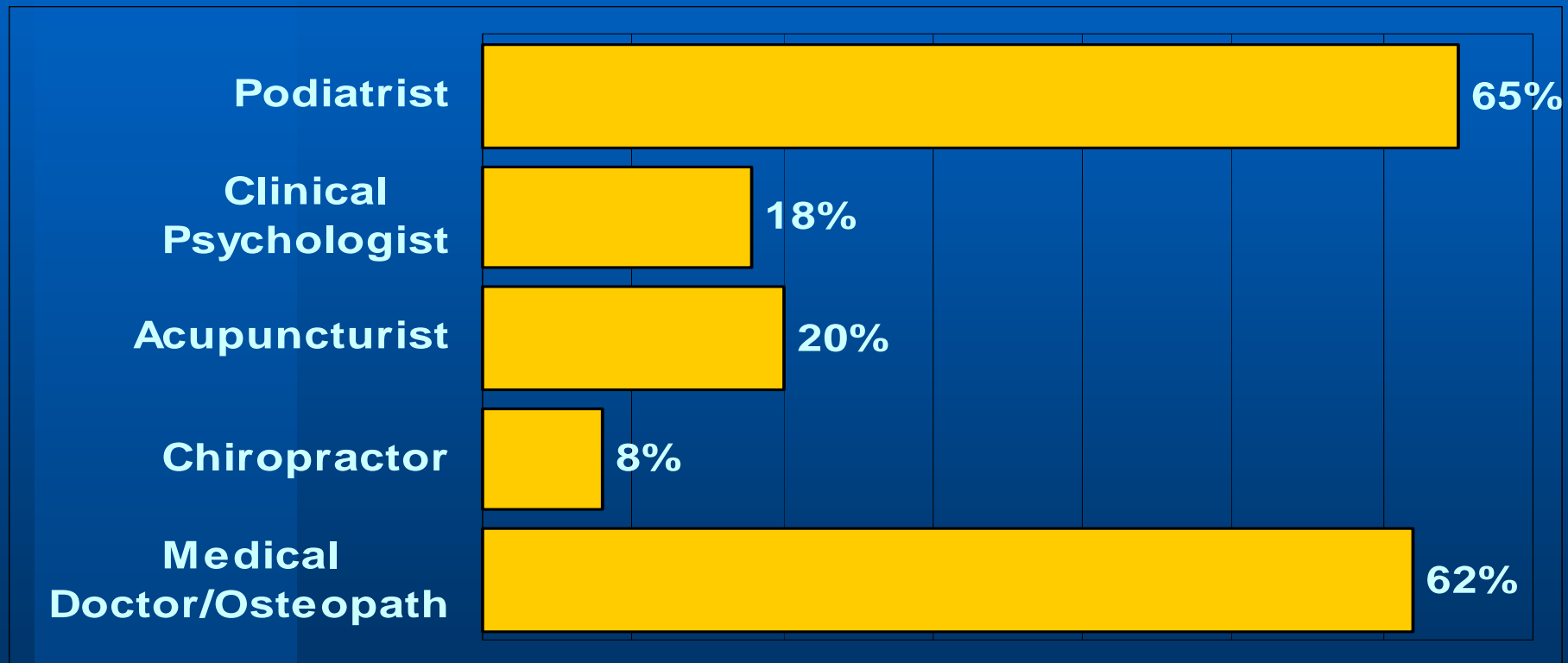
# MDs/DOs who think access has declined differ by specialty



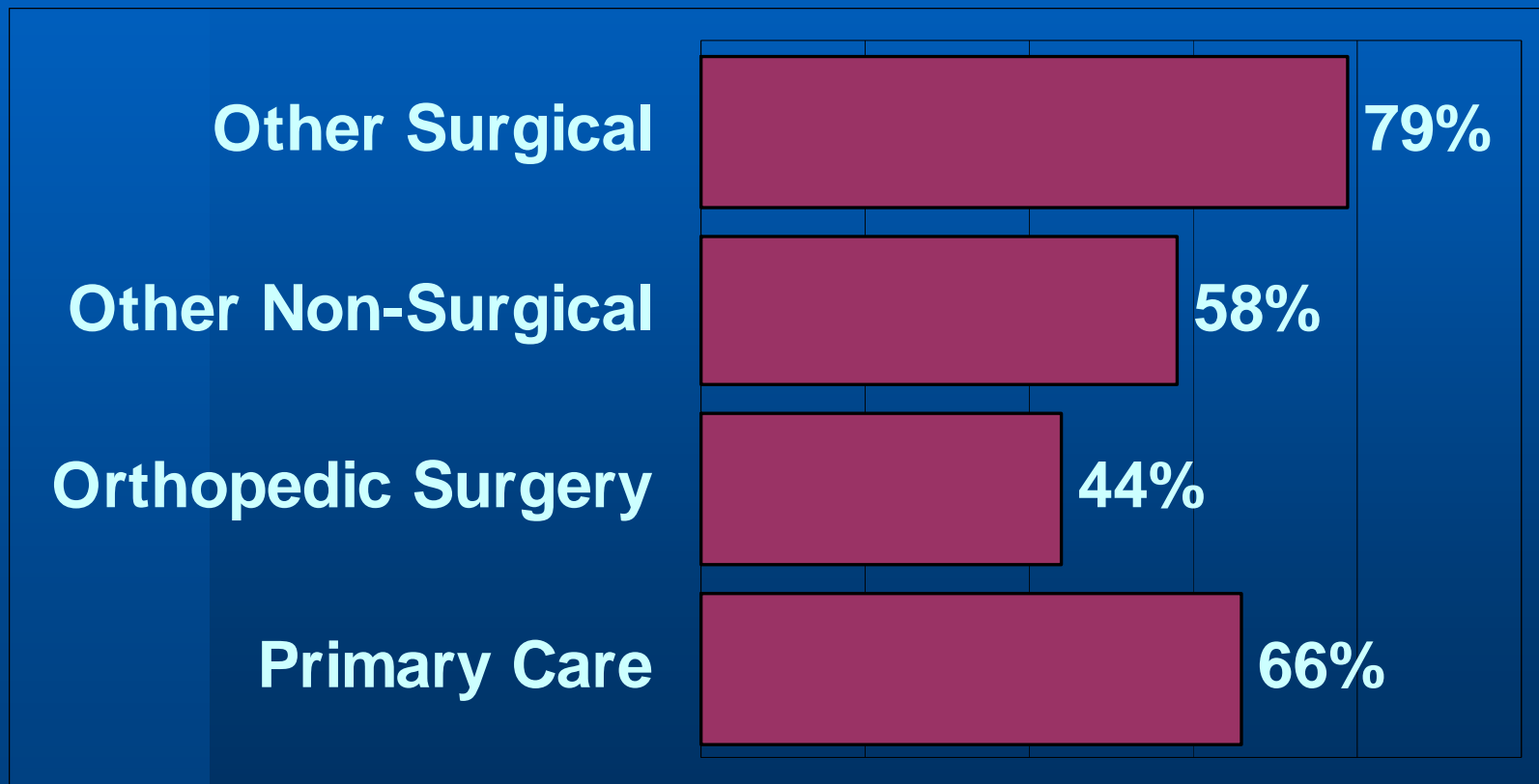
# 46% agree that injured workers have adequate access to quality care



# Providers who agree that IWs have adequate access differ by type



# MD/DOs who agree that IWs have adequate access differ by specialty



# Summary of UCLA Research Findings

- Most injured workers have access to quality care
- Most injured workers are satisfied with their care, and levels of satisfaction appear unchanged since 1998
- The percentage of injured workers experiencing problems accessing care is low
  - However, the number of individuals potentially affected is large, given the large number of workplace illnesses and injuries reported each year in CA (~780,000 claims in 2005)

# Summary of UCLA Research Findings

- Providers' perceptions of access and quality differ from those of injured workers
- Providers' negative ratings of access and quality are concentrated among certain provider types and specialties

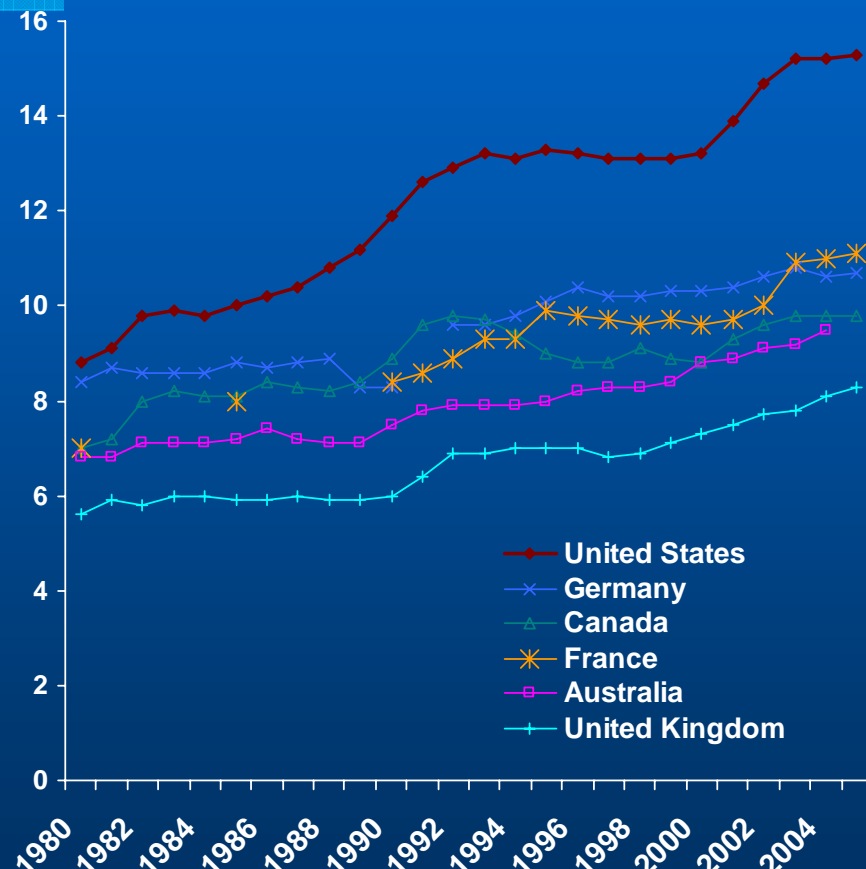
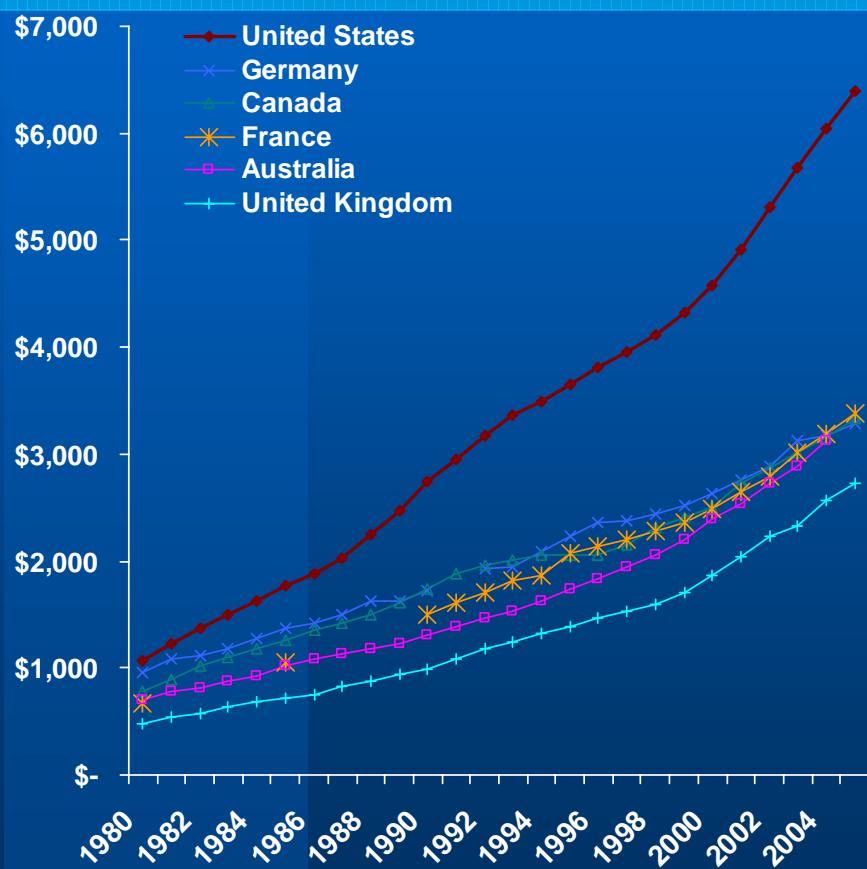
# Context for Reform

- **US spends about 50% more than any other nation on health**
- **Depending on how you measure quality and outcomes, U.S. ranks well below many other nations**

# International Comparison of Spending on Health, 1980–2005

*Average spending on health per capita (\$US PPP\*)*

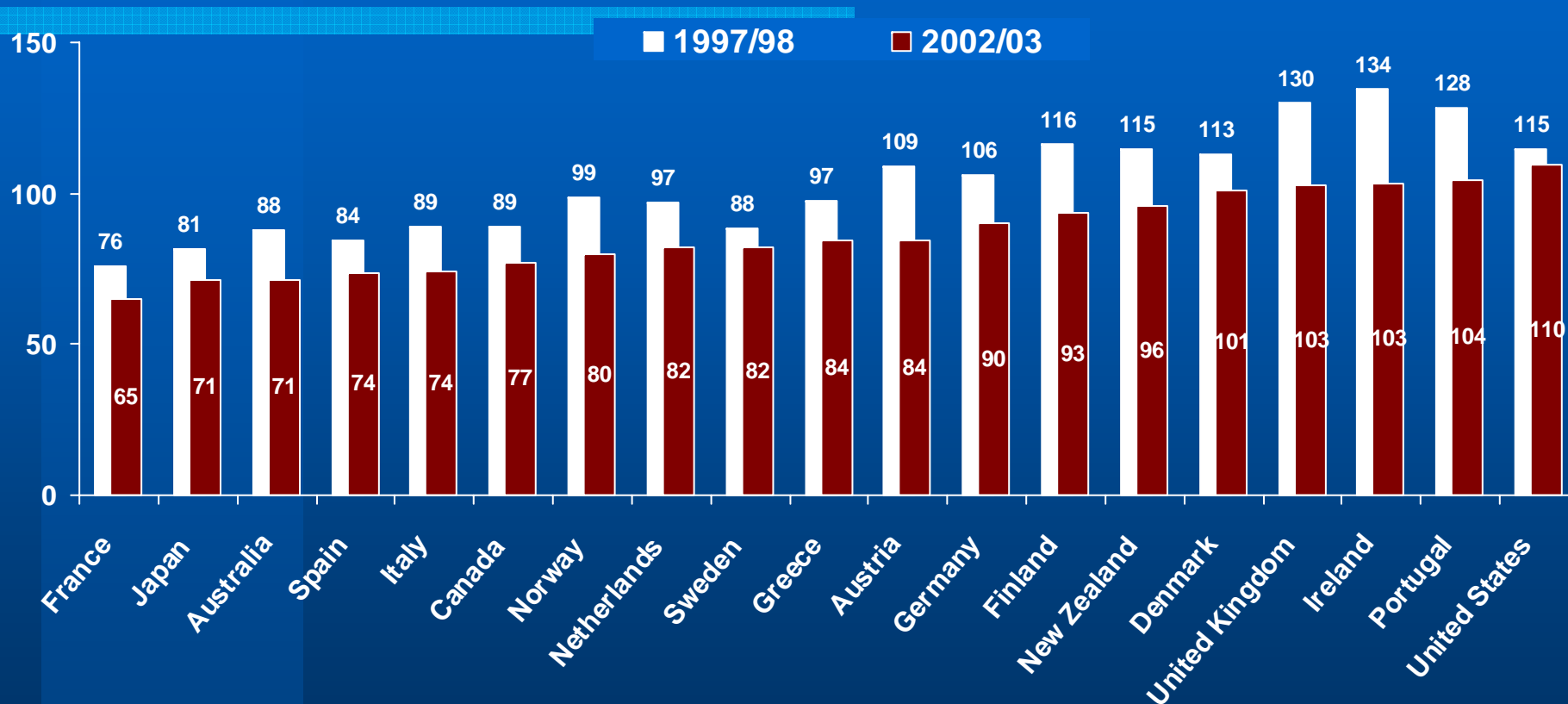
*Total expenditures on health as percent of GDP*



\* PPP=Purchasing Power Parity.  
Data: OECD Health Data 2007, Version 10/2007.

# Mortality Amenable to Health Care

Deaths per 100,000 population\*



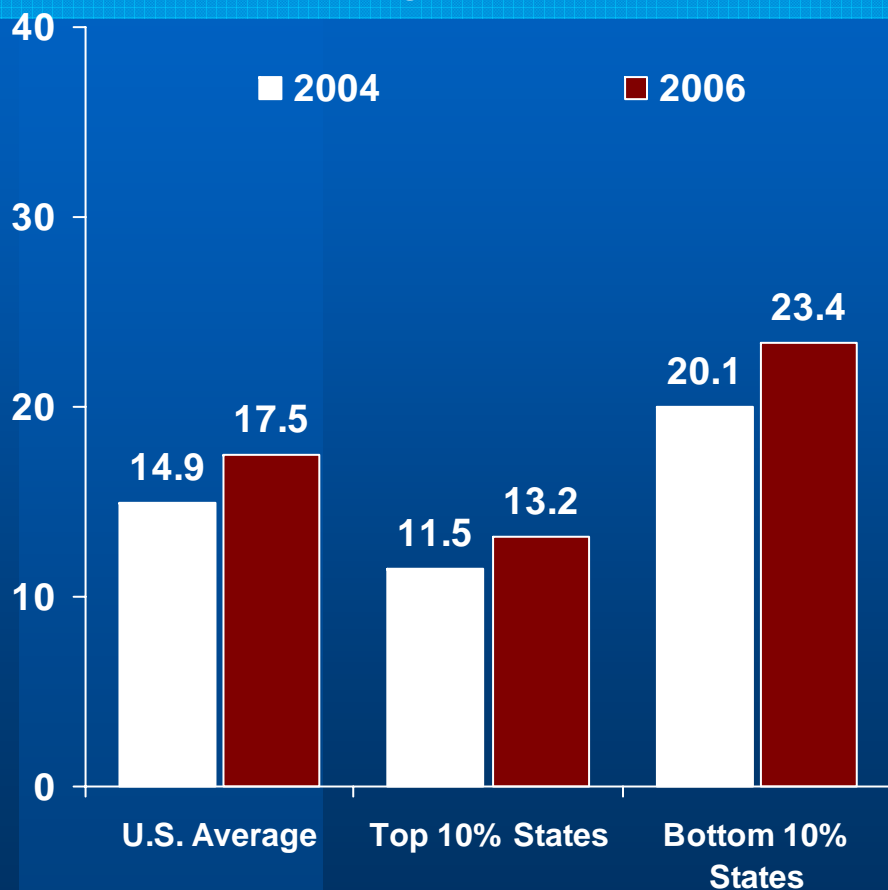
\* Countries' age-standardized death rates before age 75; including ischemic heart disease, diabetes, stroke, and bacterial infections. See report Appendix B for list of all conditions considered amenable to health care in the analysis.

Data: E. Nolte and C. M. McKee, London School of Hygiene and Tropical Medicine analysis of World Health Organization mortality files (Nolte and McKee 2008).

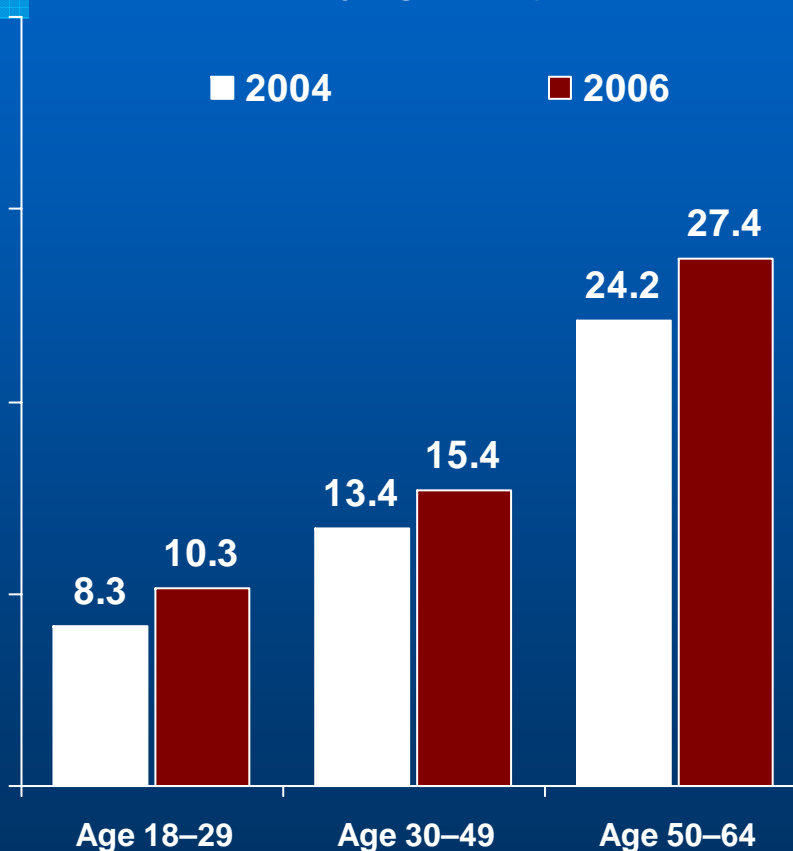
## Working-Age Adults with Health Limits on Activities or Work

Percent of adults (ages 18–64) limited in any activities because of physical, mental, or emotional problems

*National Average and State Distribution*



*By Age Group*



Data: D. Belloff, Rutgers Center for State Health Policy analysis of Behavioral Risk Factor Surveillance System.

## Receipt of Recommended Screening and Preventive Care for Adults

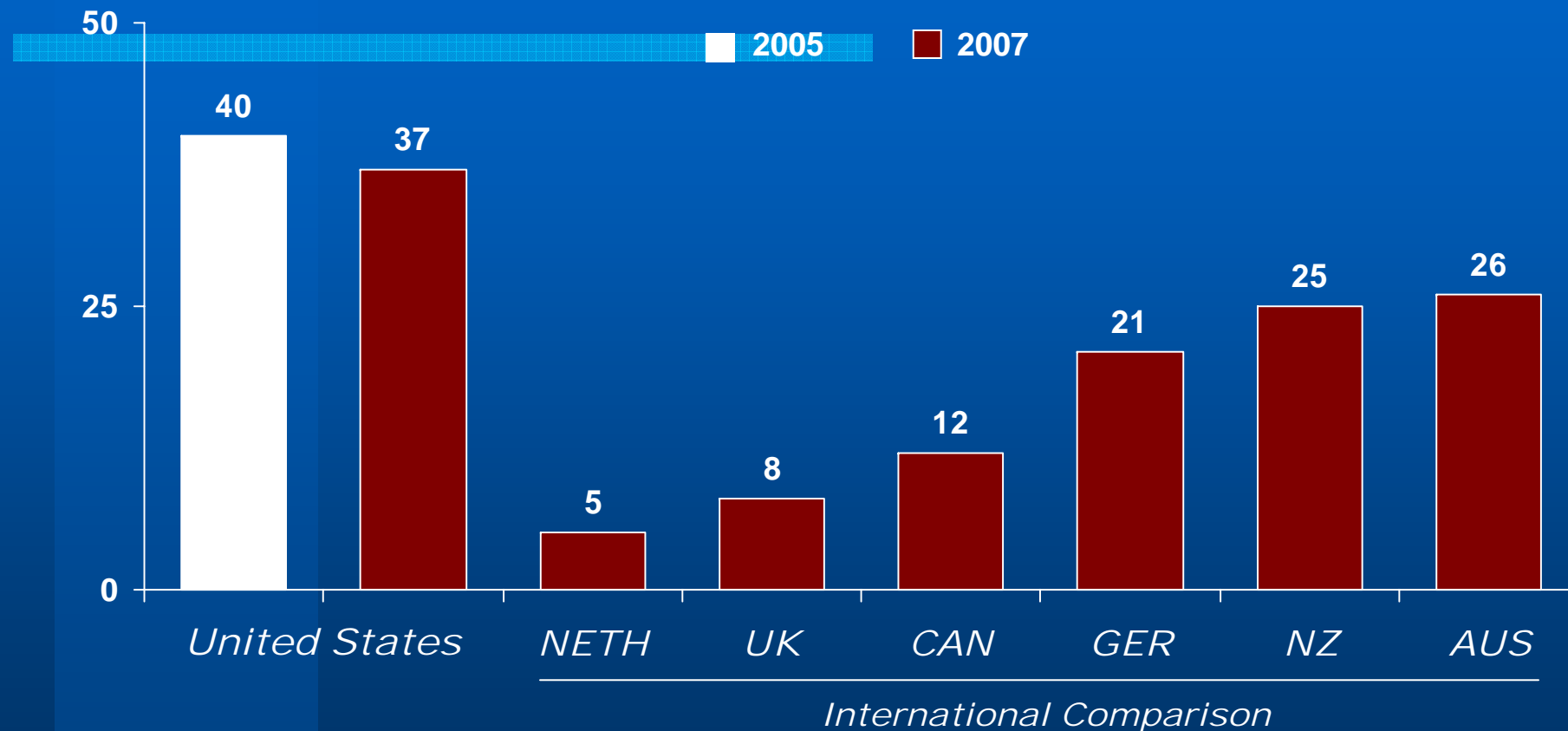
Percent of adults (ages 18+) who received all recommended screening and preventive care within a specific time frame given their age and sex\*



\* Recommended care includes seven key screening and preventive services: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot. See report Appendix B for complete description.  
Data: B. Mahato, Columbia University analysis of Medical Expenditure Panel Survey.

## Access Problems Because of Costs

Percent of adults who had any of three access problems\* in past year because of costs



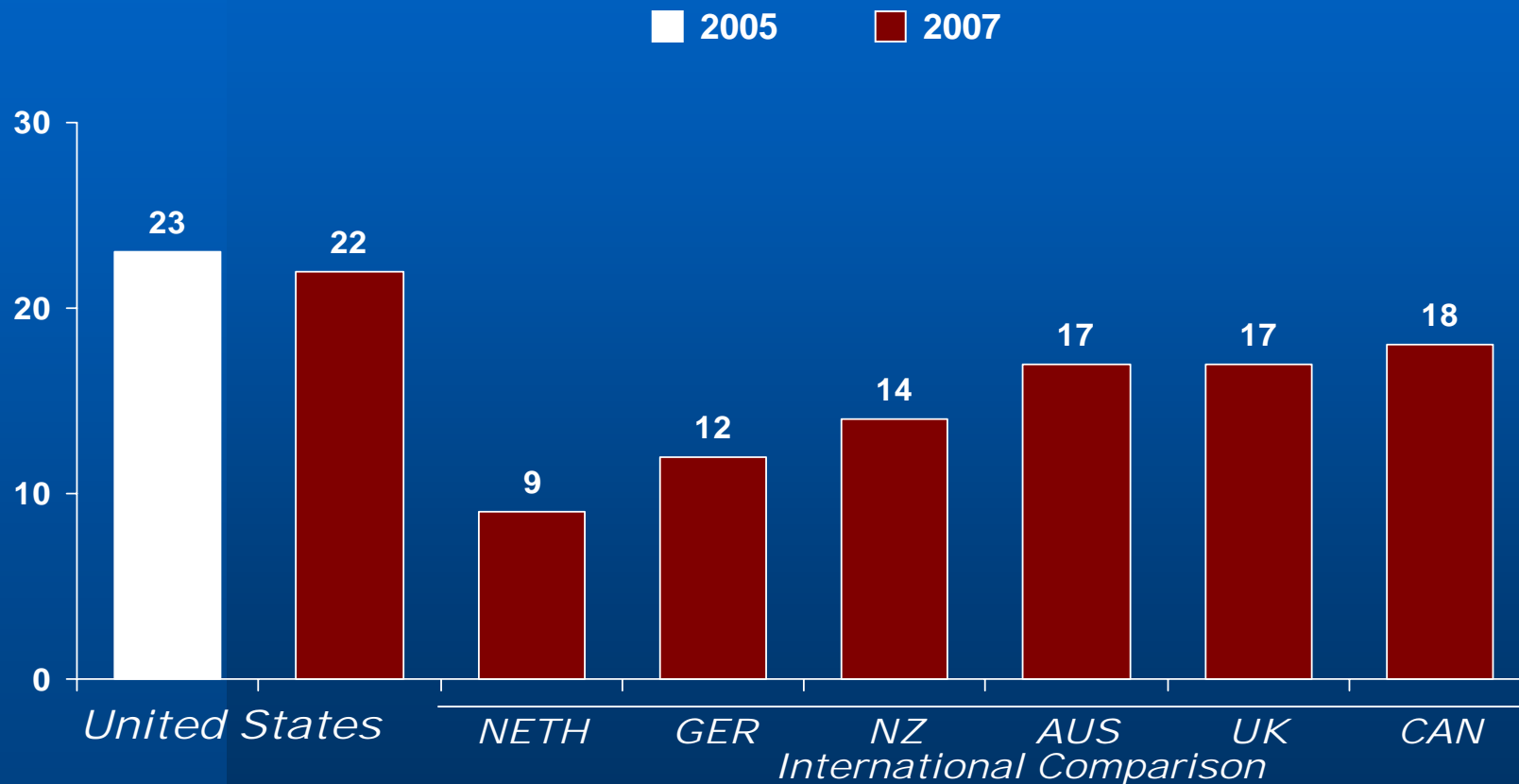
\* Did not get medical care because of cost of doctor's visit, skipped medical test, treatment, or follow-up because of cost, or did not fill Rx or skipped doses because of cost.

AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.

Data: 2005 and 2007 Commonwealth Fund International Health Policy Survey.

## Test Results or Medical Records Not Available at Time of Appointment, Among Sicker Adults

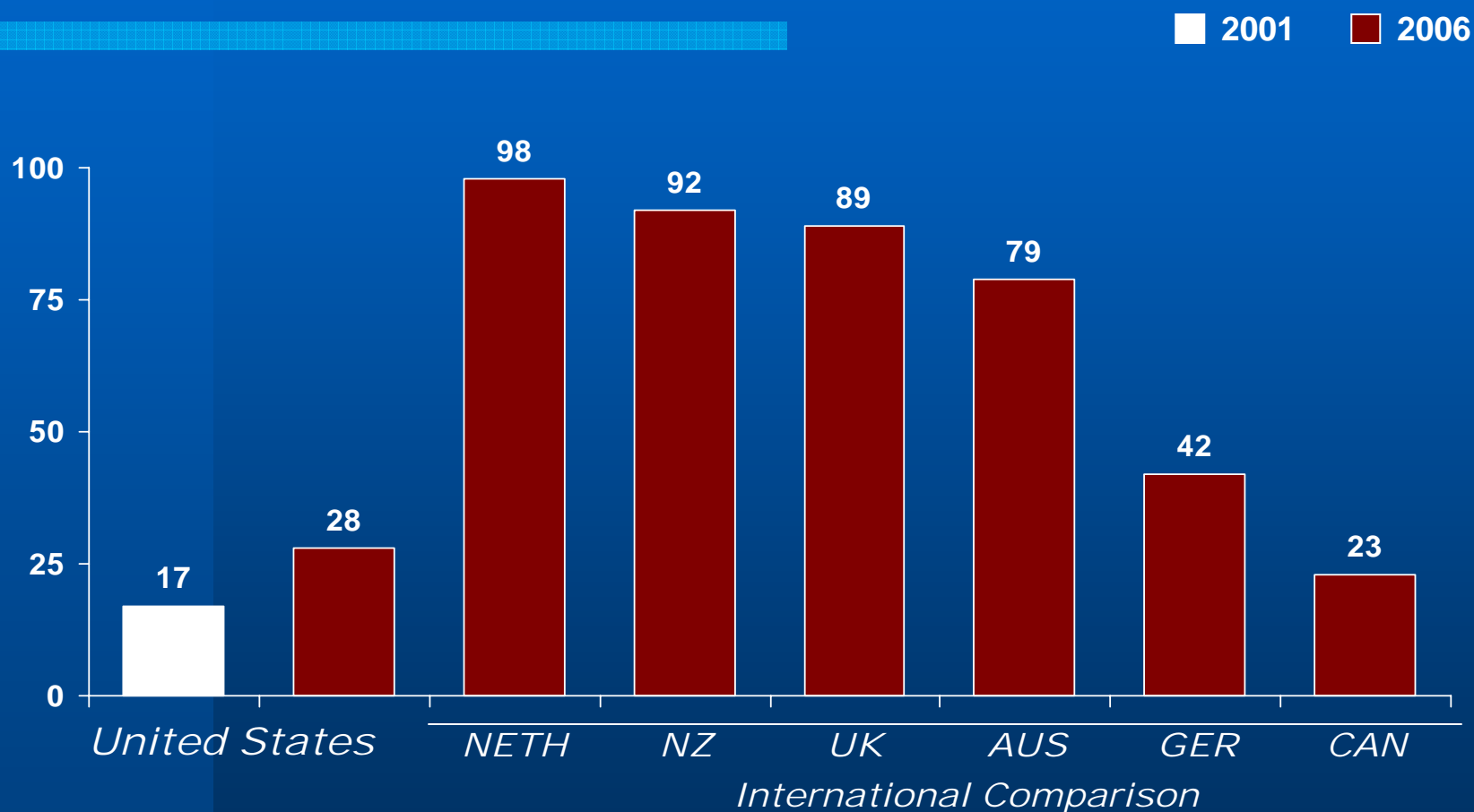
Percent reporting test results/records not available at time of appointment in past two years



AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.  
 Data: 2005 and 2007 Commonwealth Fund International Health Policy Survey.

## Physicians' Use of Electronic Medical Records

Percent of primary care physicians using electronic medical records



AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.  
Data: 2001 and 2006 Commonwealth Fund International Health Policy Survey of Physicians.

# Current Reform Proposals

- **Neither presidential candidate is focusing on WC reform, *per se***
  - McCain plan will encourage individual insurance, and individuals may be less concerned about occ med services when selecting insurance
  - Obama plan is similar to MA and CA reforms, w/o the individual mandate
    - Encourages comprehensive benefits through creation of a National Insurance Exchange that permits qualified private plans to compete with a new public plan

# Current Reform Proposals

- In California, DWC has conducted a study of the impact of replacing the OMFS with a fee schedule based on Medicare RVUs

# Impact of Medicare RVUs

- According to the Lewin Report (2008), adopting a fee schedule based on Medicare RVUs in California would:
  - Increase payments for E&M services by 20%
  - Decrease payments for surgical services by 25.9%
  - Decrease payments to GP/FPs by 0.8%
  - Increase payments to Phys Med by 11.2%

# Next Steps for Occ Med Physicians

- **Should providers be paid for episodes of care, rather than for individual services?**
- **Does P4P make sense for WC providers?**
  - **If 10% of injured workers report no improvement in their condition after 1 year, maybe we should pay bonuses when outcomes are better?**
    - **RTW is easier to measure than self-reported improvement**

# Next Steps for Occ Med Physicians

- **Electronic Medical Records**
  - EMRs may allow coordination of care envisioned by 24-hour care proposals while recognizing the distinctive features of WC care