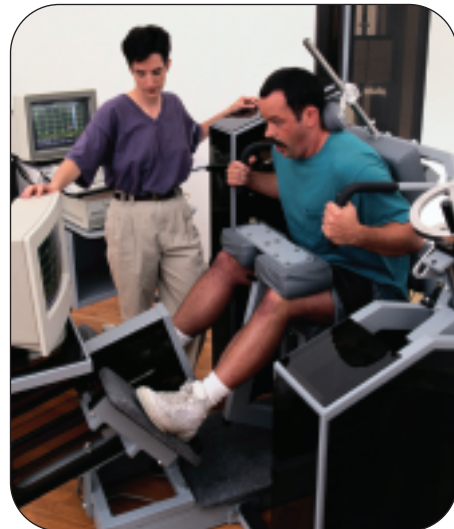


Outcomes for Injured Workers in Four Important States

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Recovery of physical health and functioning, and speed of return-to-work are often the focus of public policy debates.

The following study represents the second in an innovative series measuring key outcomes for workers injured on the job. The study focuses on a set of core worker outcomes that are typically at the center of public policy debates: recovery of health, return-to-work and the sustainability of that return, worker satisfaction with healthcare, and access to healthcare.

These measures, when combined with other benchmarks, will help identify “win-win” situations for injured workers and employers—system improvements that result in better outcomes for workers without raising costs to employers, or that result in lower costs without adversely affecting worker outcomes.

The following core worker outcomes span the central issues, in addition to cost, that are typically the focus of public policy debates:

- Recovery of physical health and functioning
- Return-to-work
 - ✓ Percentage returning (especially, for at least one month)
 - ✓ Speed of return
 - ✓ Sustainability of initial return
- Access to healthcare
- Satisfaction with healthcare

DATA FROM FOUR REPRESENTATIVE STATES

The four states in this study are California, Massachusetts, Pennsylvania, and Texas. These states were chosen because they represent large and diverse systems with differences in state laws about choice of provider, medical fee schedules, claim costs, the payment of income benefits for permanent disabilities, and other system features. They also differ geographically and in their industrial mix.

For example, workers in Massachusetts and Pennsylvania report better outcomes after their injuries, on average, than do workers in California and Texas.¹ This includes better perceived recovery of physical health and functioning; more frequent, faster, and more sustainable returns to work; greater access to desired providers and services; and higher levels of satisfaction with their healthcare.

Better outcomes occur in Massachusetts and Pennsylvania even though workers in California and Texas receive more medical services, on average, that generate more medical expenses for employers com-

pared with workers in the other states (**Exhibit 1**). Further, this occurs despite the fact that workers from each of the four states report, on average, similar perceived severity of injuries.

Contrary to many expectations, one of the states with better worker outcomes (Massachusetts) has the lowest medical prices of the four states; and one of the states with the poorest worker outcomes (Texas) has the highest medical prices of the four states (**Exhibit 1**).

High levels of satisfaction with healthcare have been noted, regardless of who selects the provider. However, compared with workers who reported that their employer or insurer selected the provider, workers who selected the provider were more likely to say they were somewhat or very satisfied with their provider—regardless of what the state law provides about choice of provider.

Return-to-Work

We also examined the major outcomes related to return-to-work for workers who had more than seven days of lost time. Workers in Massachusetts and Pennsylvania achieved better return-to-work outcomes than did workers in California and Texas (**Exhibit 2**). Massachusetts and Pennsylvania workers were more likely to have some period in which they returned to work.

Among those that returned to work:

- Workers in Massachusetts and Pennsylvania were more likely to return to work for at least one month (the definition of substantial return-to-work)
- Workers in Pennsylvania returned to work more in greater numbers and sooner than did workers in California and Texas
- Workers in Massachusetts and Pennsylvania were less likely to be away from work for a year or more than were workers in California and Texas
- Fewer workers in Massachusetts and Pennsylvania had significant second absences, and when they did, more returned to work again and did so sooner

Access to Healthcare

Overall, workers reported better access to healthcare in Massachusetts and Pennsylvania than in California or Texas (**Exhibit 2**). For many of the measures, the differences were consistent but not dramatic.

The overwhelming majority of workers in all four states reported that they were able to obtain access to the providers and services they desired and were able to get their first appointments with both their initial

Exhibit 1 Medical Costs, Medical Prices, and Medical Care in Study States

Average Medical Cost per Claim	TX	CA	MA	PA
Medical Payment	\$11,617	\$10,506	\$4,937	\$7,977
Incurred Medical Cost	\$13,913	\$16,866	\$6,325	\$10,398
Number of Visits	30	30	17	21
Percentage Fee Schedule Level Above (+) or Below (-) State Medicare Fees, 2001				
Overall Level	+38	+12	-13	+17

Exhibit 1. Dollar figures are for 1998 injuries in Texas and 1999 injuries in California, Massachusetts, and Pennsylvania, evaluated on average at 36 months after injury.

MAJOR FINDINGS

Recovery of Physical Health and Functioning

Workers in all four states reported similar preinjury levels of perceived physical health and functioning and very similar average perceived injury severity. However, the extent of recovery that workers reported differed from state to state. Workers in Massachusetts and Pennsylvania had the most satisfactory perceived recoveries compared to workers in California and Texas.



In the states surveyed, overall, a large share of workers reported they were satisfied with the medical care they received.



and primary providers in a timely manner. However, some 9% to 20% of workers (depending on the question being asked) did report major problems achieving access to the providers or services they desired.

Satisfaction With Healthcare

Overall, workers reported greater satisfaction with the healthcare received in Massachusetts and Pennsylvania than in California or Texas. For overall care, the differences were not dramatic. But there were large differences in satisfaction with initial providers and the desire to change providers (Exhibit 2).

A large share of workers reported that they were satisfied with the overall care they received. From 80% to 85% of workers reported that they were somewhat or very satisfied with the overall medical care they received, while 8% to 11% reported they were very dissatisfied.

In California, only 68% of workers reported that they were somewhat or very satisfied with their initial providers, compared with 78% in Pennsylvania and Texas, and 84% in Massachusetts. (State laws in Massachusetts and Texas permit the worker to select the initial provider.) In California, the employer has the statutory right to select the initial provider for the first 30 days after the injury. In Pennsylvania, for the first 90 days, the employee must select from a list provided by the employer.

In Massachusetts, only 17% of workers said they ever wanted to change their initial providers, compared with

24% in Pennsylvania, 29% in Texas, and 33% in California. Further, fewer workers in Massachusetts said they wanted to change their primary (non-initial) providers—11% compared with 18% to 22% in the other states.

SUMMARY

This is the first study to provide multi-state comparisons or benchmarks of the outcomes that workers achieve in state workers compensation systems. Combined with other benchmarks of costs, these comparisons should allow system stakeholders to identify improvements that result in better worker outcomes without raising employers' costs, or other improvements that lower costs without adversely affecting workers' outcomes.

When these outcomes are combined with the WCRI CompScope™ benchmarks of system performance (Telles, Wang, and Tanabe, 2004), policy makers and system stakeholders will have powerful information about costs and cost drivers—as well as outcomes and other performance measures—to guide public debates and private decisions to improve workers compensation systems. ♦

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1. Policy makers should not regard the interstate comparisons presented here as a definitive basis for policy actions. As more states are added to the study, the information and indications are expected to become stronger. Also, some of the interstate differences may be due to or influenced by differences in case mix from state to state. When the differences among outcomes are large, case-mix differences are not expected to change our conclusions about the state systems. However, modest differences are more likely caused by case-mix differences, not the delivery of medical care or certain system design features. In subsequent studies, more sophisticated multivariate statistical methods will be used to control for differences in case mix.

Survey, Methods, and Data

This section provides a very brief summary of the highlights of the methods and data section of the study.

In each state, WCRI conducted telephone interviews with 629 to 791 workers who received workers compensation income benefits for injuries incurred during part of 1998 in Texas and during part of 1999 in the other states. The survey was conducted in early 2002 in Texas and early 2003 in the other states—on average, about three and one-half years after workers sustained their injuries. This time lag was selected because of the need to know the intermediate-term consequences of injury—in particular, the recovery of health and functioning and return-to-work. WCRI developed the survey in collaboration with the University of Connecticut's Center for Survey Research and Analysis.

WCRI compared the characteristics and claim costs of workers who responded (respondents), those who refused (refusals), and those who could not be located. Respondents were reasonably representative of workers compensation recipients in each of the four states.

Exhibit 2 Core Outcome Measures in Four States

	Value of Outcome				Better Outcome Is:	Rankings 1 = Best Outcome 4 = Worst Outcome			
	TX	CA	MA	PA		TX	CA	MA	PA
Recovery of Physical Health and Functioning*									
Percentage reporting somewhat or very satisfied	14	18	24	21	Higher	4	3	1	2
Percentage reporting very dissatisfied									
Return-to-Work									
Percentage not returning to work	15**	10	8	6	Lower	4	3	2	1
Percentage not returning to work predominantly due to injury	25	16	14	10	Lower	4	3	2	1
Percentage with no substantial return to work predominantly due to injury									
Sustainable returns to work									
Percentage of first returns to work that were substantial returns to work	70	77	75	73	Higher	4	1	2	3
Percentage with returns to work that eventually were substantial returns to work	86	90	90	93	Higher	4	2/3	2/3	1
Percentage with substantial returns to work who had significant absences due to the same injury	22	19	15	13	Lower	4	3	2	1
Percentage not returning to work after second significant absences due to injury (of those with second significant absences)	24	27	23	16	Lower	3	4	2	1
Duration worked after first substantial return to work until second significant absence, predominantly due to the injury (median weeks)	8	9	12	12	Higher	3	4	1/2	1/2
Duration of second significant absence (median weeks)	6	8	3	4	Lower	3	4	1	2
Speed of return-to-work									
Time from injury to first substantial return-to-work (median weeks)	6	8	6	6	Lower	1/2/3	4	1/2/3	1/2/3
Percentage with first substantial returns to work one year post-injury	8	8	5	4	Lower	3/4	3/4	2	1
Other key return-to-work indicators									
Percentage reporting that they returned to work too soon	40	38	36	31	Lower	4	3	2	1
Percentage with substantial returns to work who went back to preinjury employers	83	87	89	94	Higher	4	3	2	1
Access to Health Care									
Timeliness of initial visit to initial provider									
Percentage reporting somewhat or very satisfied	81	84	89	86	Higher	4	3	1	2
Percentage reporting very dissatisfied	10	8	6	8	Lower	4	2/3	1	2/3
Timeliness of initial visit to primary (noninitial) provider									
Percentage reporting somewhat or very satisfied	72	67	81	75	Higher	3	4	1	2
Percentage reporting very dissatisfied	14	17	7	16	Lower	2	4	1	3
Percentage reporting big problems getting services they or their providers wanted									
Initial provider	15	14	9	10	Lower	4	3	1	2
Primary (noninitial) provider	20	18	18	16	Lower	4	2/3	2/3	1
Percentage reporting big problems getting providers what they wanted									
Initial provider	12	13	9	11	Lower	3	4	1	2
Primary (noninitial) provider	17	17	16	19	Lower	2/3	2/3	1	4
Satisfaction With Healthcare									
Satisfaction with overall care									
Percentage reporting somewhat or very satisfied	81	80	85	83	Higher	3	4	1	2
Percentage reporting very dissatisfied	11	10	8	9	Lower	4	3	1	2
Satisfaction with initial provider									
Percentage reporting somewhat or very satisfied	78	68	84	78	Higher	2/3	4	1	2/3
Percentage reporting very dissatisfied	15	19	8	14	Lower	3	4	1	2
Satisfaction with primary (noninitial) provider									
Percentage reporting somewhat or very satisfied	85	84	89	88	Higher	3	4	1	2
Percentage reporting very dissatisfied	8	10	7	8	Lower	2/3	4	1	2/3
Percentage ever wanting to change providers because of dissatisfaction with care									
Initial provider	29	33	17	24	Lower	3	4	1	2
Primary (noninitial) provider	22	18	11	21	Lower	4	2	1	3

* Increase in the SF-12® score from the week after injury to the time of the interview (see Table 3.1). SF-12® is a registered trademark of the Medical Outcomes Trust.

**Based on the surveys in California, Massachusetts, and Pennsylvania—which followed the Texas survey by nearly a year—the percentage reporting that they did not return to work in Texas may be overstated by 2 to 5 percentage points.