Overview

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Background

- This is the first phase of a long-term study on the impact of the Affordable Care Act (ACA) on time from injury to treatment

- ACA’s impact on Workers Compensation (WC) cases is uncertain
  - Increasing the insured population may drive up demand without a corresponding increase in the supply of doctors and other professionals
  - Resources may be governed by the needs of Medicaid, Medicare, and Group Health; each has different priorities than WC
  - Will this affect injured worker access to medical care?

- Phase one establishes pre-ACA benchmarks on the time from injury to treatment

- Findings here are based on Medical Data Call (MDC) treatments for injuries occurring between 7/1/2010 and 12/31/2012
Measuring Access to Care

One measure of access is the days from injury to initial medical encounter—we call that measure the “time to treatment”

- Encounters are classified by provider and service type
  - Time to first office visit measures a different type of access than time to see an orthopedist

- Not all patients seek medical care right away
  - We have no measure for when care was initially sought
  - Claimants vary in how soon they seek care

- Here we exclude disease cases and look only at trauma cases
  - Disease cases include degenerative disk and other musculoskeletal conditions, as well as occupational diseases (e.g., silicosis)
  - Assigning a date of injury for some disease cases can be problematic
  - Occupational diseases (e.g., silicosis) can take many years to emerge
85% of Trauma Cases Are Treated Within Three Days From the Date of Injury

63% of trauma cases are treated on the date of injury

Source: NCCI Medical Data Call
Professional Providers Have Distinct Treatment Patterns

Time to First Treatment by Given Type of Provider

Source: NCCI Medical Data Call

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Because such a high proportion of trauma-case patients are seen by a doctor or physician assistant soon after the injury, differences in time to treatment patterns become clear only at higher percentiles.

Source: NCCI Medical Data Call
Some Specific Examples

- We look at the office visit service category as an example of access to primary care.
- We look at the orthopedist provider category as an example of access to specialty care.
- We look at three states—Alabama, Louisiana, and Oklahoma—to illustrate how states can differ in their timing for primary and specialty care.
- We look at two cities—Birmingham, Alabama, and Chicago, Illinois—and ask whether there is a difference between urban and rural in timing for primary care.
Some claimants wait longer to see a doctor in Louisiana or Oklahoma than in Alabama.

We cannot assess whether longer waiting times are due to claimants waiting longer to seek a doctor’s appointment, the time it takes for them to be seen, or both.

Source: NCCI Medical Data Call
Patients wait longer to see an orthopedist in Oklahoma than in Alabama or Louisiana.

For example, half of the patients seen by an orthopedist within a year of the injury are actually seen within nine days in both Alabama and Louisiana, while that proportion drops to one-third in Oklahoma.

Source: NCCI Medical Data Call
Claimants take the same amount of time to see a doctor in Birmingham, Alabama, as in the rest of Alabama.

Similarly for Illinois, there is no difference in the time it takes for claimants to see a doctor in Chicago than elsewhere in the state.

Source: NCCI Medical Data Call
Summary

- Significant differences by state
- This complicates the isolation of the impact of the ACA

Areas of research to understand the baseline:
- Treatment guidelines
- Providers per capita
- Population density
- Claimant attorney involvement
- WC fee schedules versus Medicare/Medicaid