

From: TJ Kemp [<mailto:orthobiker@gmail.com>]

Sent: Thursday, July 13, 2017 7:37 PM

To: Kilian, Beth

Cc: Teresa Cirelli

Subject: Written Comments Regarding Annual Fee Schedule Review

To Whom It May Concern,

I was in attendance at the July 10th meeting at the Industrial Commission and would like to submit the following comments regarding the Annual Fee Schedule Review.

1. Milliman Data: Although I commend the effort of the commission to obtain outside data for comparison, it seems fairly obvious that the Milliman data is flawed. Data is only as good as the sample set it comes from. It is unknown if the data represents the top payers in Idaho. The data does not account for incentive contracts that are prevalent in the market place. And the data set does not account for the codes used in multi-procedure surgeries that have modifier 51 attached. No data set is perfect, but it seems that this one has flaws that discredit it for the purposes intended by the commission.

2. Time involved with caring for an injured worker: It is universally known that the amount of time and effort that it takes to care for an injured worker exceeds the time it takes to care for a non-worker's comp patient. The question is how do quantify this and therefore how to reimburse appropriately for this care. In order to be more objective about this question, I kept track of how much time it took me to care for my work comp patients in clinic today. I did not track how much time it took for my staff. Just taking into account my time, I spent on average 2.3 times longer with the work comp patients than all other patients. The reason for this discrepancy is multifactorial, however, in large part, these patients had more complaints, more questions regarding return to work, had far more paper work that accompanied them, and took multiple after visit phone calls to coordinate their care with other providers and their case managers. I always knew that injured workers took more time, but I was actually very surprised exactly how much more work they really are. I suspect if I actually measured my staff's time dedicated to caring for these patients, it would be similar. These patients require more time on approval for treatments, more coordination with employers for work restrictions, legal inquiries, and claims submission and denial appeal. Having not formally quantified how much more time my staff spend, I would estimate that their time and my time probably adds up to about 3 to 4 times more time spent managing injured workers. That is significant!

Although caring for injured workers is more time consuming, I still feel that it is worthwhile for two reasons. The obvious one is that the compensation is better than most payers. The other is the satisfaction of playing a major part in healing someone and returning them to a life of productivity and pleasure. Just today, I discharged two injured workers back to their jobs, pain free, and without disability after significant injuries that required surgery. Although it took them months of recovery (one guy almost a year) they were extremely grateful. And it just feels good to be a part of that process.

3. Collaboration and Cost Control: There was a lot of talk about reforming the workers compensation system to be a more value based incentivized program. Personally, I am skeptical that these systems work. It was proven back in the HMO days that these efforts were impossible to achieve success. In fact most efforts made costs go up. Current efforts have not proven to be viable in the Idaho marketplace either, although many are being tried. These types of programs often result in yet more paperwork and reporting requirements on the part of the providers thus increasing our workload even more taking us away from the care of patients. Until I see such a program work well, I am not in support of these efforts.

What I am in support of is directing patients to high quality, cost effective care. I believe that getting an injured worker the proper care in a timely manner results in less time off, and a quicker return to productivity, and therefore lowers the cost of care. All too often I see patients that have been languishing for months without proper care. And by then the patient is jaded, sometime hostile toward their employer, lawyered up, and are convinced they will never get better. At this point it is almost impossible to get them back to work. I support working with the sureties and employers to provide employers and employees direct access to the providers that have the best outcomes and lowest costs of care. The sureties most certainly have access to this data. The sureties and case managers also know who the best doctors are to take care of the injured workers. As an independent physician, I would be happy to volunteer my time toward such efforts, if requested.

I hope that these comments are well received.

Sincerely,

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