

To Whom It May Concern:

On behalf of the physicians and surgeons of West Idaho Orthopedics and Sports Medicine Clinic (one of the largest remaining independent orthopedic groups in the state), I would like to express our thoughts on the issues of reimbursement on some surgeries and services provided by physicians caring for the injured workers of Idaho.

As orthopedic surgeons, we too have the responsibility to review and comment on prior and current medical records including IME's, conduct patient interviews, and document the pertinent information gained from the worker. This happens regardless of whether or not the information has already been covered by other providers. We are almost always asked to comment on causality as well as outline an appropriate plan of care, and then skillfully execute that plan. Then the hard part begins. Managing the outcomes of treatment and rehabilitating injured workers can be very consuming of time and resources. Towards the end of treatment, we then provide judgment on finality of care including Maximum Medical Improvement and address issues of any Impairment and assign apportionment.

These are all tasks that are a part the IIC system. We understand this and accept it. We would object, however, to policy that would reduce our reimbursement, since as specialists, "we do take extra time and effort to treat our injured workers." Universally, we direct more resources to these patients. Even the care that they receive subsequent to surgery and treatment requires more work by our entire staff and providers in order to manage the added workload. We added a full time position to assist with calls and requests from adjusters, case managers (*who often attend the appointments, which in turn, lengthens the appointment*), employers and attorneys.

A budget neutral proposal would likely penalize the specialists caring for these patients under the flawed assumption that they do not need to fully explore or understand the nature and circumstances of the injury history. This could potentially limit access to the specialized care that the injured worker requires.

In conclusion, we are willing and able to provide great orthopedic care for our patients including injured workers. Regardless of prior care, we invest more time and effort to treat these patients than our other "typical" patients. This includes our initial encounter, discussion of options, providing and managing medical treatment, discussing return to work plans at each visit, and meetings with case managers, attorneys, adjusters, and determining conclusion of care with assessment of results. We are grateful that the IIC has recognized this in the past and would expect that decisions regarding future reimbursement and compensation reflect the realities of the system's demands.

Sincerely,

John Q. Smith, MD

West Idaho Orthopedics and Sports Medicine Clinic