

Health Care Providers Survey Washington State Department of Labor & Industries Final Presentation

Tumwater, Washington
January 26, 2015



DATA RECOGNITION
DRC
CORPORATION

Agenda

- **Background and Purpose**
- **Methodology**
- **Office Profile**
- **Overall Perception of L&I**
- **L&I Services**
- **Lessons Learned**

Purpose

- Help workers heal and return to work. Providers are key to fulfilling this goal and this survey provides insight into provider satisfaction with the L&I relationship and identifies what is going well and what needs to be improved.
- Make it easier to do business with L&I. Recommendations for process improvement, specific to the delivery of L&I services.
- Improve providers' willingness to treat injured workers. Provider engagement is necessary for L&I to fulfill its mission.



Methodology Overview



- Invitation letter sent to 9,747 sample members with instructions to complete web survey.
 - Providers and Administrative Staff
 - Quota sampling by 10 specialty groups

- Phone Interviews attempted with all those that did not respond to the invitation letter.
 - Respondents contacted by phone were given the option to be emailed a link to the web survey or take the survey over the phone.

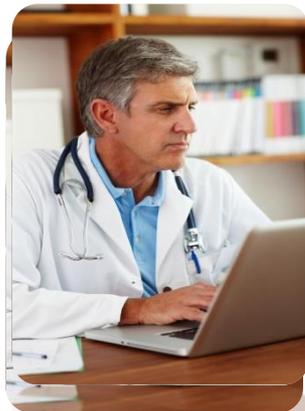
- A reminder email went out one week later after initial email to complete the survey.

- Reminder postcards sent to specialty-specific subgroups whose survey return quota had not been met.

Survey Instrument

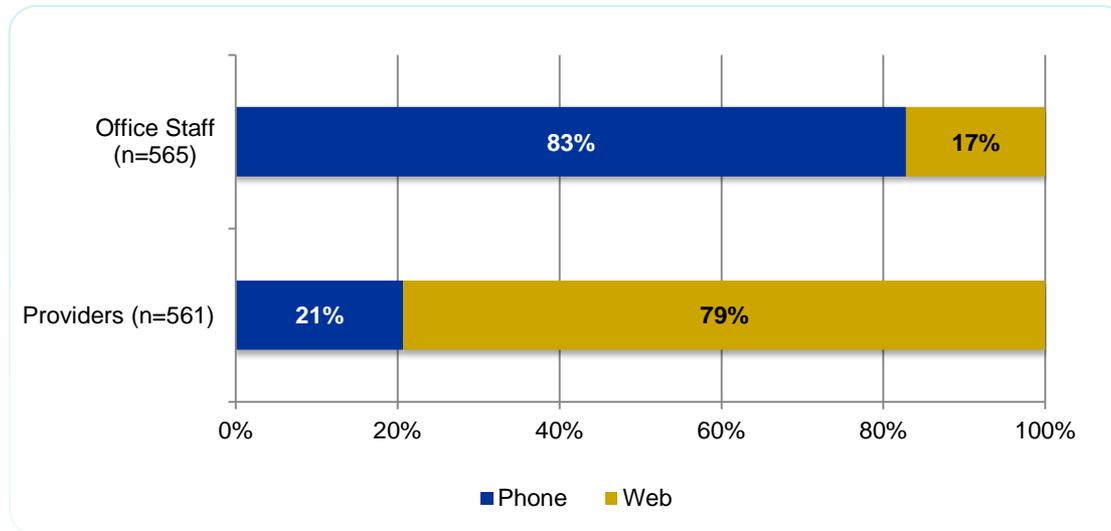
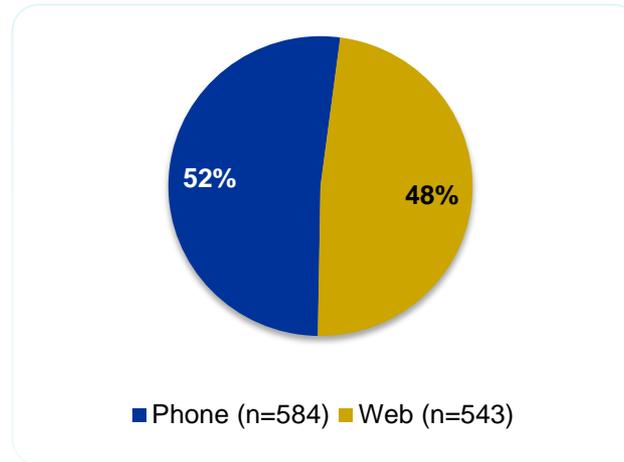
- **Telephone and Web version**
 - **Avg. completion time – 20 min. telephone; 17 min. online**

- **Survey Content**
 - **Office size and structure**
 - **Who their Practice treats**
 - **Experience with L&I**
 - **Overall opinion of L&I**
 - **12 L&I services – awareness, use and perceived value**
 - **Possibility of 16 comment/clarification questions**



Survey Modes

- Overall, balance between phone and web
- But, staff more likely to complete via phone

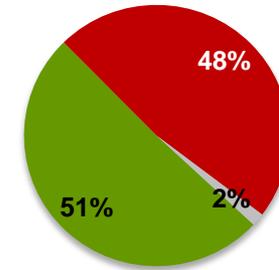


How We Did

Provider Specialties	Number in Sample	Survey Quotas	Survey Returns	Survey Response Rates
General Practice, Family Practice, Internal Medicine	4020	182	224	5.6%
Nurse ARNP	1011	159	173	17.1%
Physician Assistants	1273	166	194	15.2%
Psychiatric	192	74	48	25.0%
Neurological Surgery, Orthopedic Surgery	638	100	105	16.5%
Physical Medicine/Rehab, Occupational Medicine	259	83	75	29.0%
Neurology	222	86	34	15.3%
Psychology	351	88	118	33.6%
Chiropractors	1580	50	143	9.1%
Podiatry	201	10	13	6.5%
All Specialties	9747	998	1127	11.6%

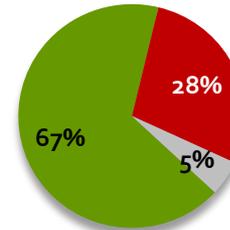
Office Size and Participation

- Half the respondents work in offices with 5+ Providers



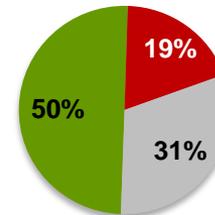
■ Yes (n=571) ■ No (n=538) ■ I don't know (n=18)

- Majority of the offices treat any L&I patient



■ Yes (n=751) ■ No (n=316) ■ I don't know (n=57)

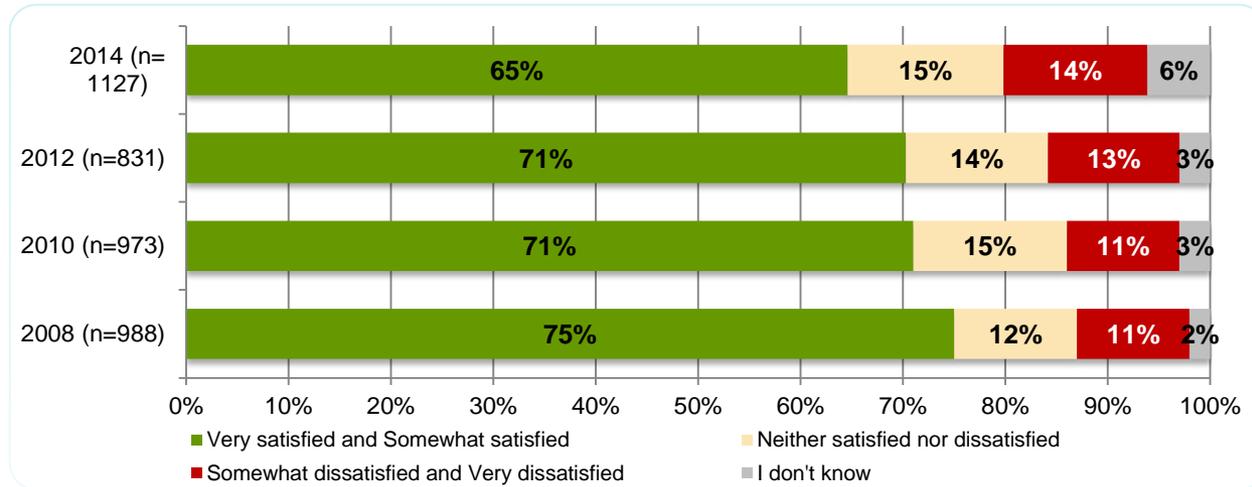
- More want to increase the number of L&I patients they treat



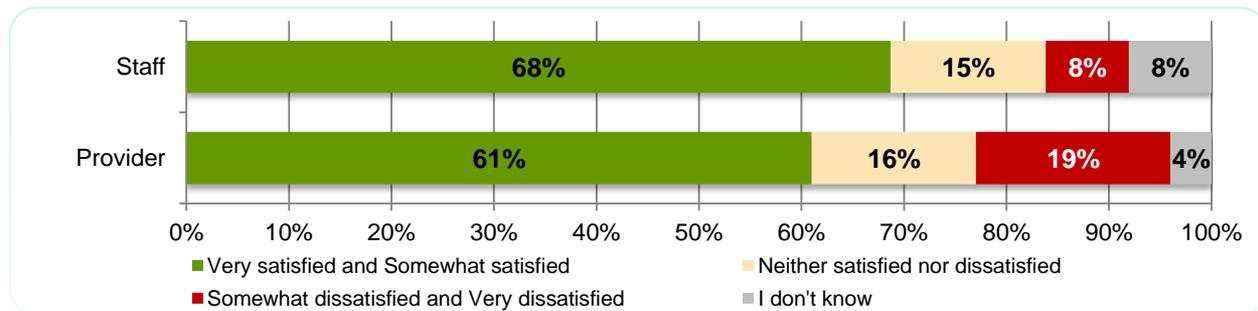
■ Yes (n=373) ■ No (n=142) ■ I don't know (n=232)

Overall Satisfaction with L&I

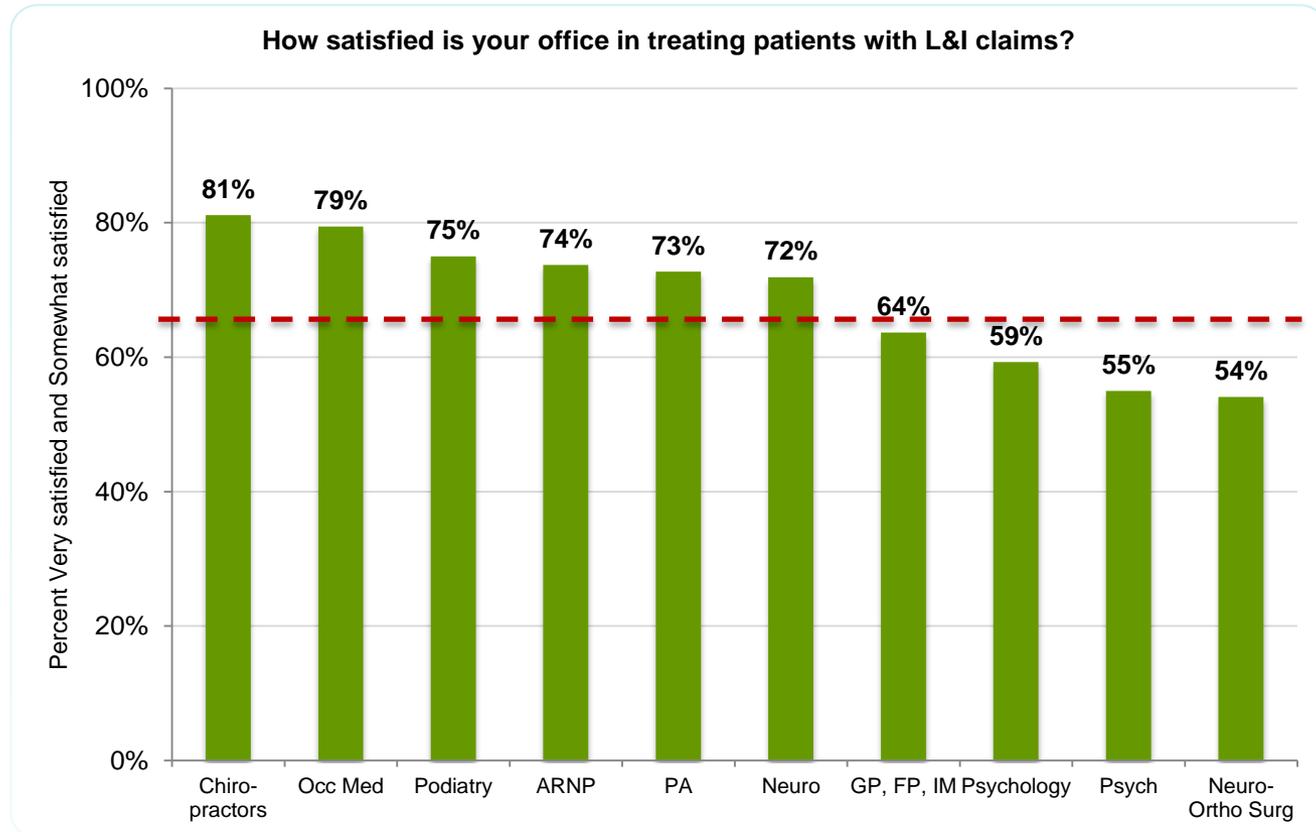
- Slight decline in overall satisfaction (new survey mode introduced)



- Higher for Staff vs. Provider

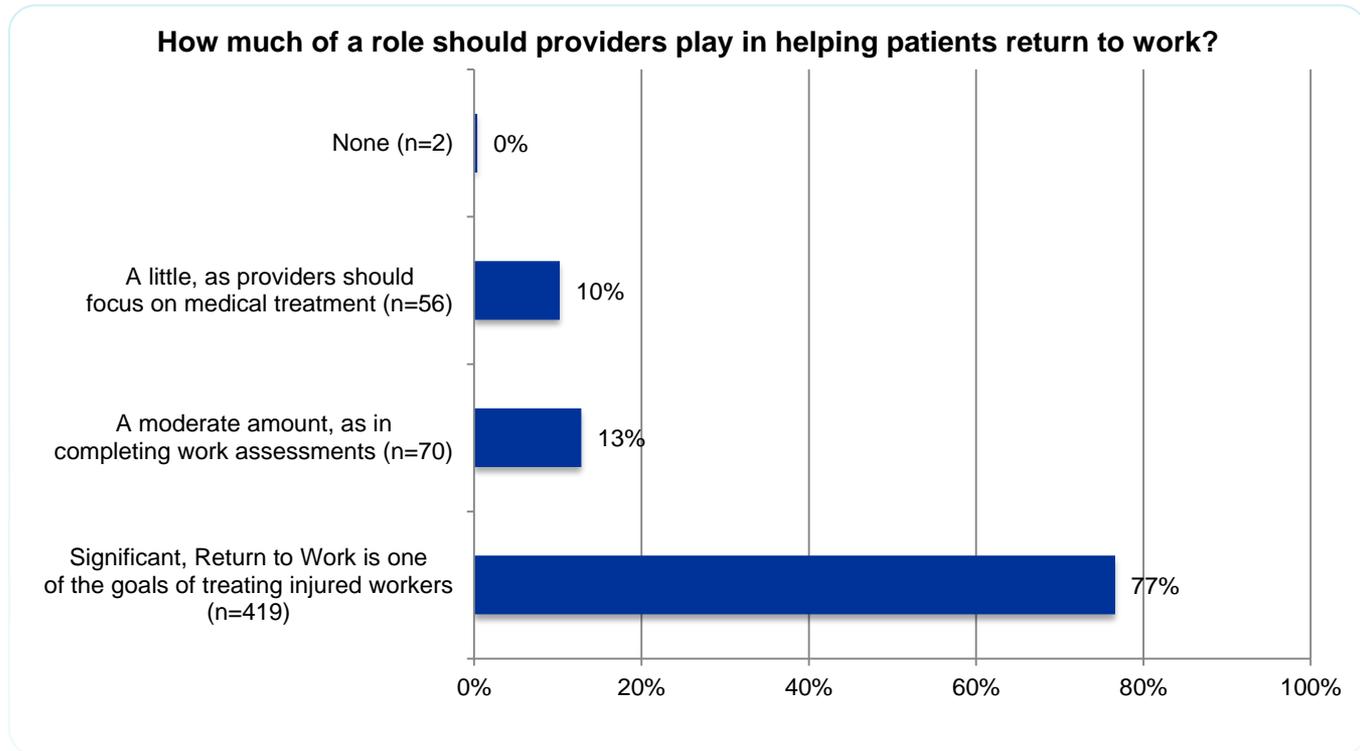


Overall Satisfaction by Specialty



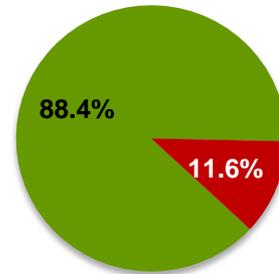
Red dashed line is average of all specialties.

Role Providers Should Play with Helping Patients Return to Work



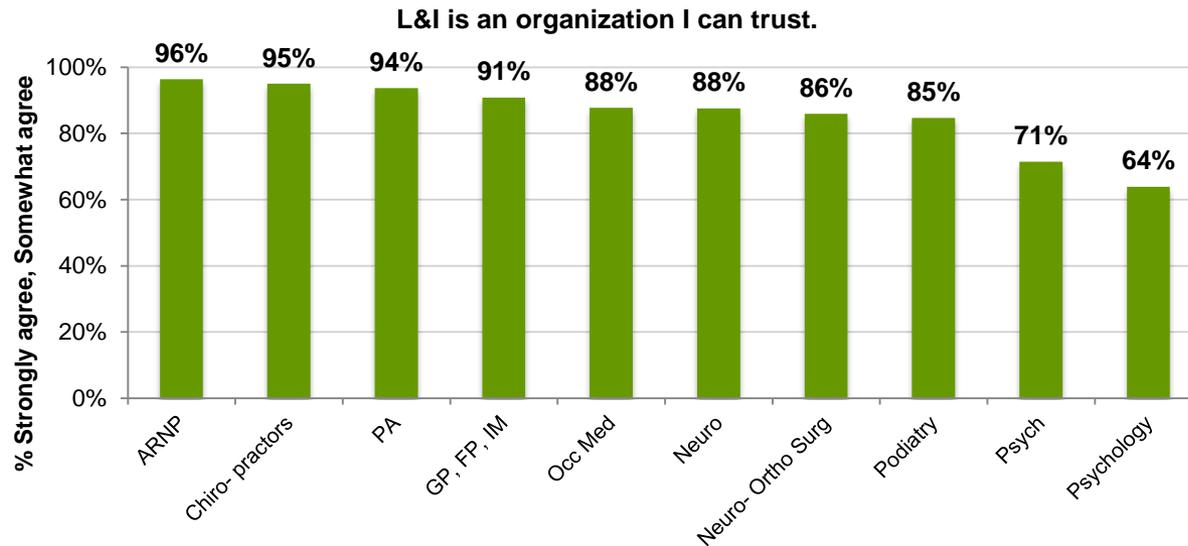
L&I: An Organization I Can Trust

- Overall, high level of trust



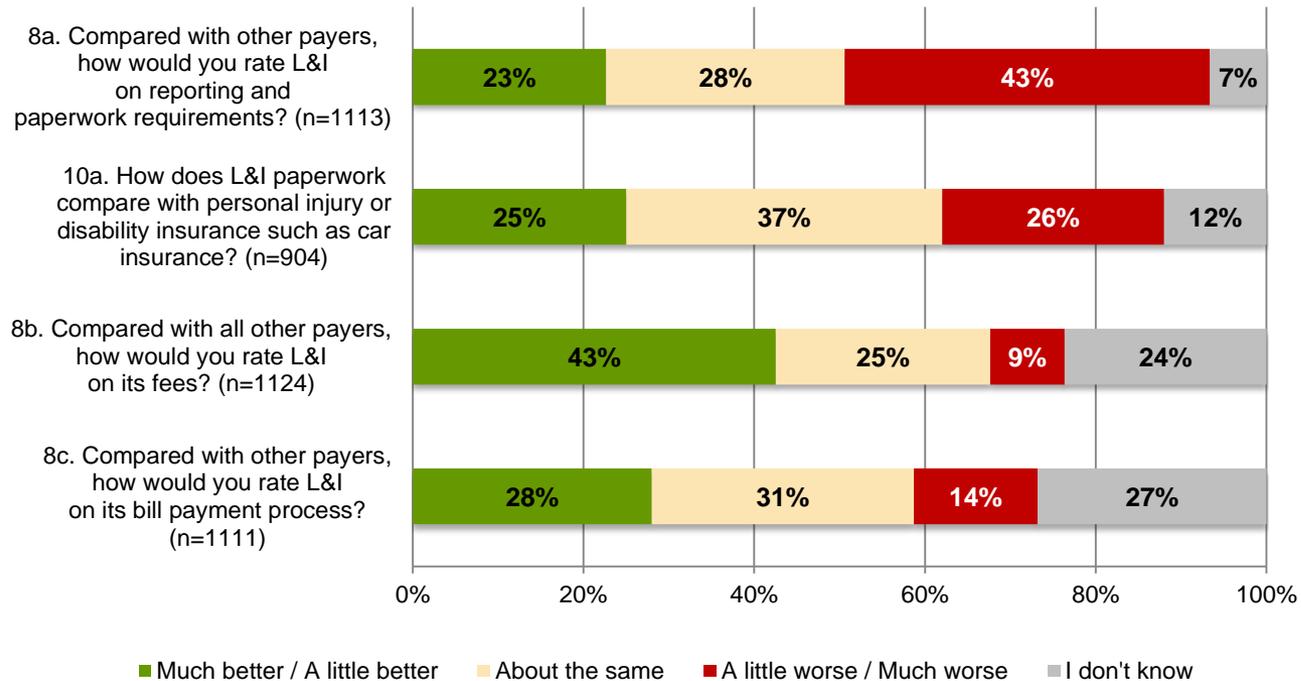
- Strongly agree and Somewhat agree
- Somewhat disagree and Strongly disagree

- But, varies by position and specialty



L&I Compared to Other Payers

- Paperwork may be an issue
- Favorable on fees



Tactical Opportunities

“Sustain” are those services that are frequently used across most all specialties and enjoy relatively high satisfaction (useful). The primary recommendation is to continue to resource/support.

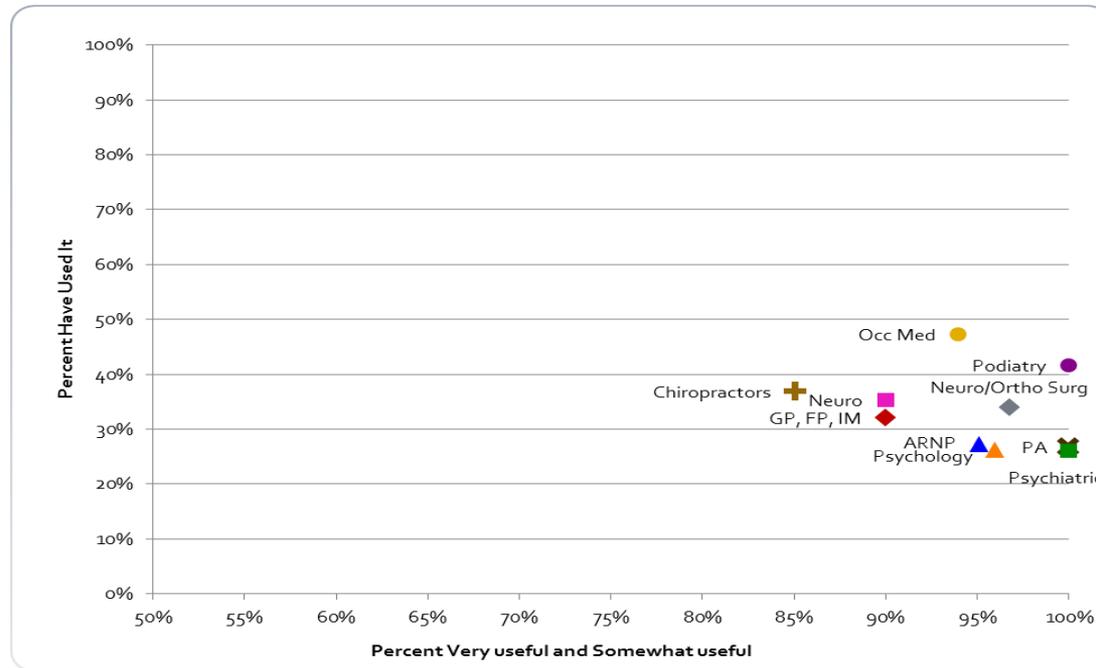
“Evaluate” are services that may or may not have high usage, but were most characterized by variability across specialty groups in terms of usefulness. The primary recommendation is to further evaluate these resources or services. It may be that they have relevance for only specific groups or the resource or service, itself, needs to be considered.

“Communicate” are services that were perceived as very useful by most specialties, but usage was more limited. It is recommended that these services be better communicated to a broader range of providers.

Opportunity Summary

	Overall Recommendation
Quick Fee Schedule Look-up	Communicate
Claims Manager Prior Authorization Form	Communicate
Explanation of Benefit (EOB) Look-up Tool	Communicate
Claim and Account Center (CAC)	Communicate
Interactive Voice Response (IVR) System	Evaluate
Electronic Correspondence (E-CORR) Application	Evaluate
Payment Policies	Evaluate
Medical Treatment Guidelines	Evaluate
Coverage Decisions	Evaluate
Pharmacy Drug Look-up Tool	Evaluate
Claim Manager	Sustain
Toll-free Provider Hotline	Sustain

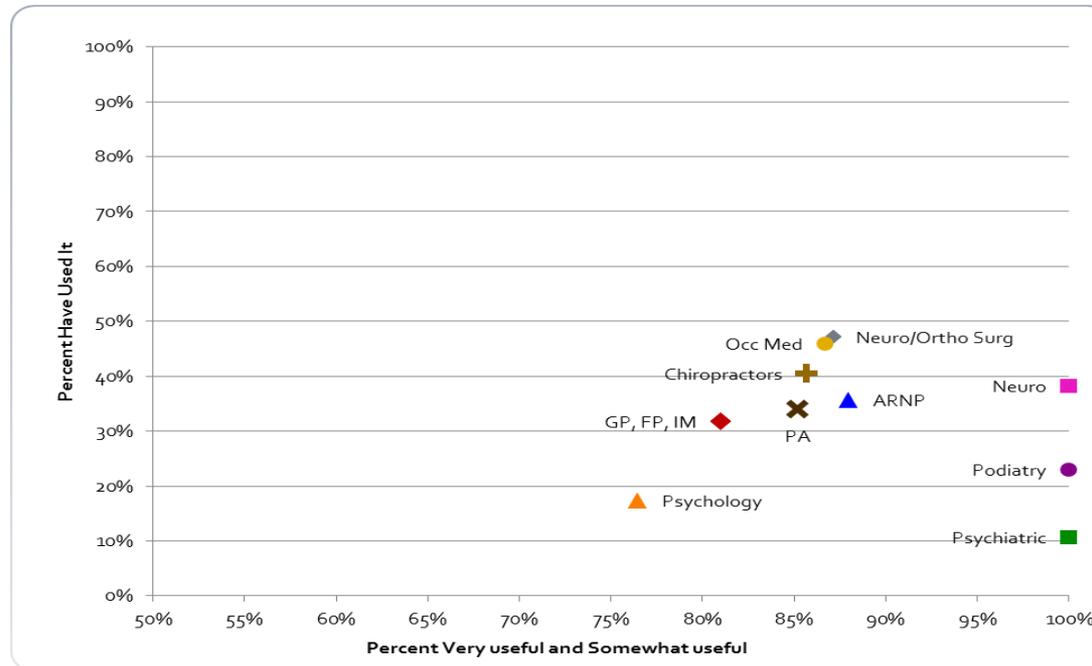
Quick Fee Schedule Look-Up – Communicate



Sample of What They Are Saying

+	<p>Allows me to check to see if a CPT code is covered by L&I and what the reimbursement is for that code.</p> <p>Bill collectors use it frequently.</p> <p>Can access cost of unknown procedure and helps find fees.</p> <p>Clarifies codes and lists reimbursement for most common encounters and "M" codes.</p> <p>Very useful, I use it for education (new providers, medical residents).</p>
-	<p>You can't look up multiple numbers, you have to put each one in a single number at a time.</p> <p>OK, I can look up a fee, so what? Can I negotiate? What's the point?</p> <p>Hard to navigate.</p>

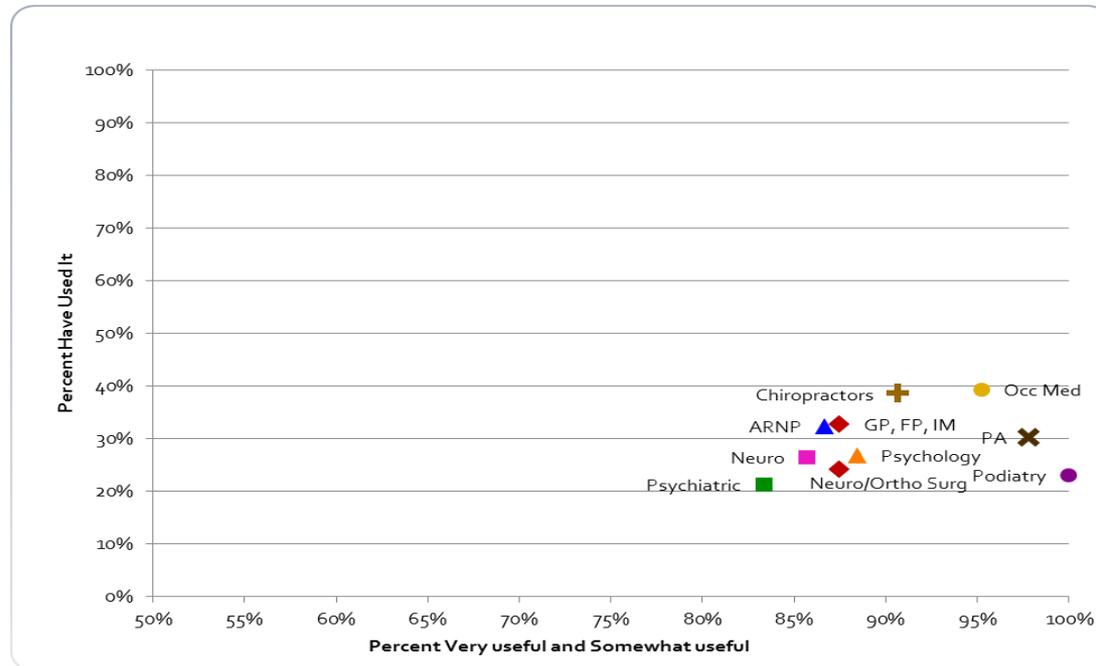
Claims Manager Prior Authorization Form – Communicate



Sample of What They Are Saying

+	<p>Allows us to anticipate what paperwork is needed to obtain authorization and prevent delays.</p> <p>Know when we can proceed with necessary interventions.</p> <p>Quick form that can be sent off.</p>
-	<p>More paperwork.</p> <p>Not useful for urgent request.</p>

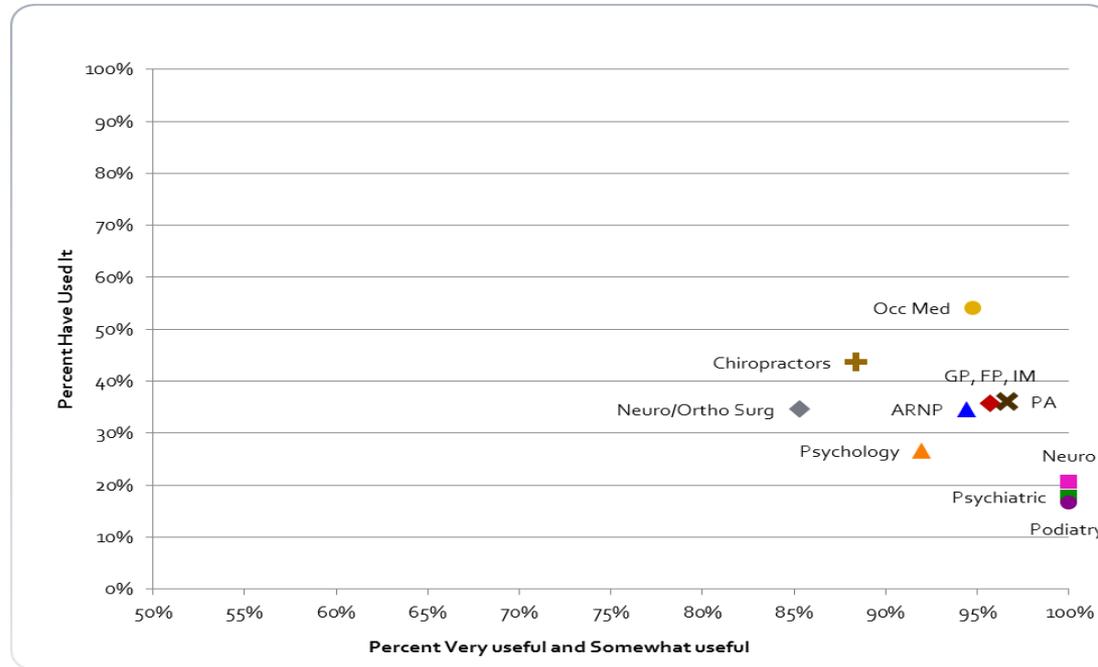
Explanation of Benefit Look-Up Tool – Communicate



Sample of What They Are Saying

+	<p>Able to see EOBs quickly.</p> <p>Gives me reasons for non-payment or delayed payment of claims.</p> <p>My billing person can get info on claims and act accordingly.</p>
-	<p>We get the paper EOB before we look it up online.</p> <p>More useful for patients.</p>

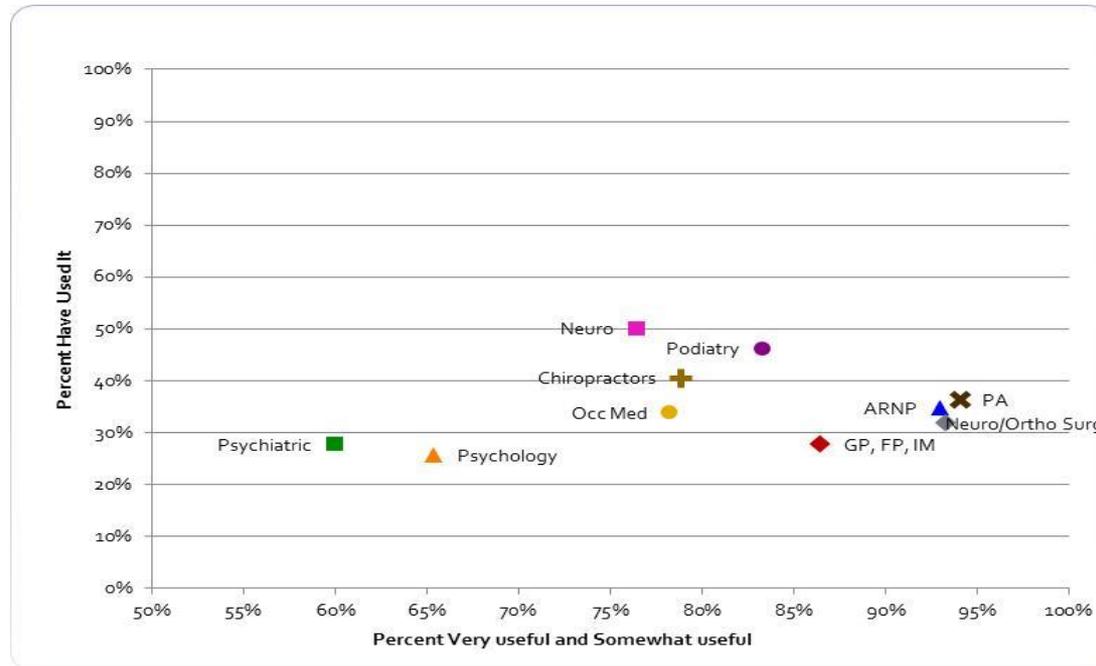
Claim and Account Center – Communicate



Sample of What They Are Saying

+	<p>Comprehensive, transparent, nice data base.</p> <p>Easy to use.</p> <p>I can see what is happening at the department on the claim.</p> <p>One stop shopping - everything about a claim is there.</p>
-	<p>Slow updates. Won't let us see all the fields.</p> <p>Hard to find things.</p>

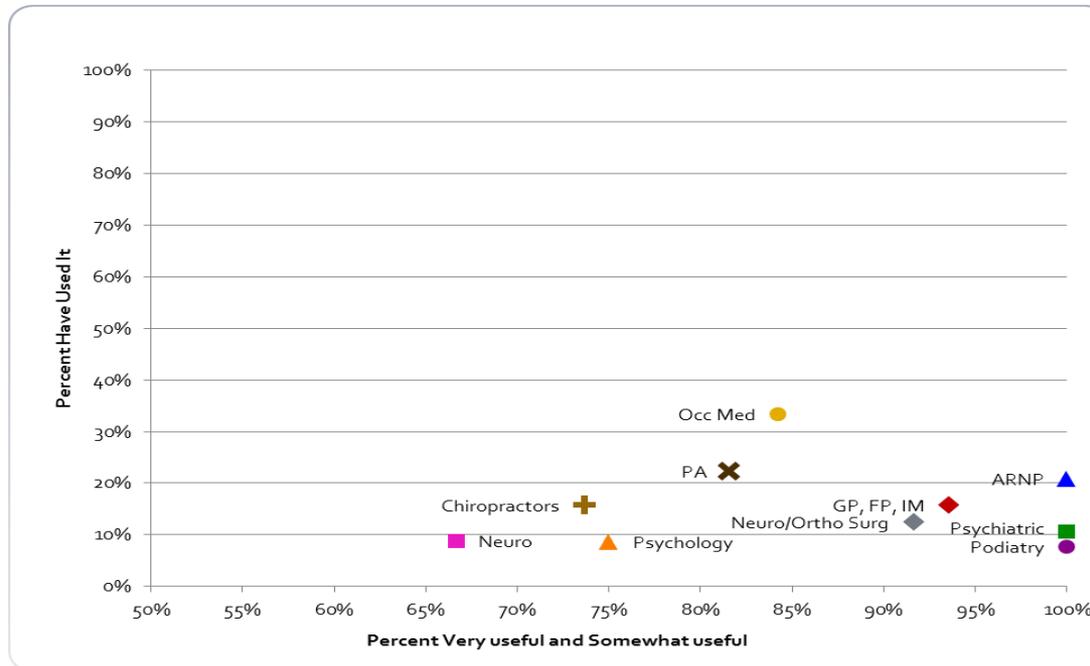
Interactive Voice Response (IVR) – Evaluate



Sample of What They Are Saying

+	<p>Obtaining information without contacting claim manager.</p> <p>Quickly contact to found out info about claim if cant get through to provider hot line.</p> <p>The IVR give detailed information on claims and claim adjustors to follow up with payment status or denial management.</p>
-	<p>It's a hassle.</p> <p>Only use when I can't get a person.</p>

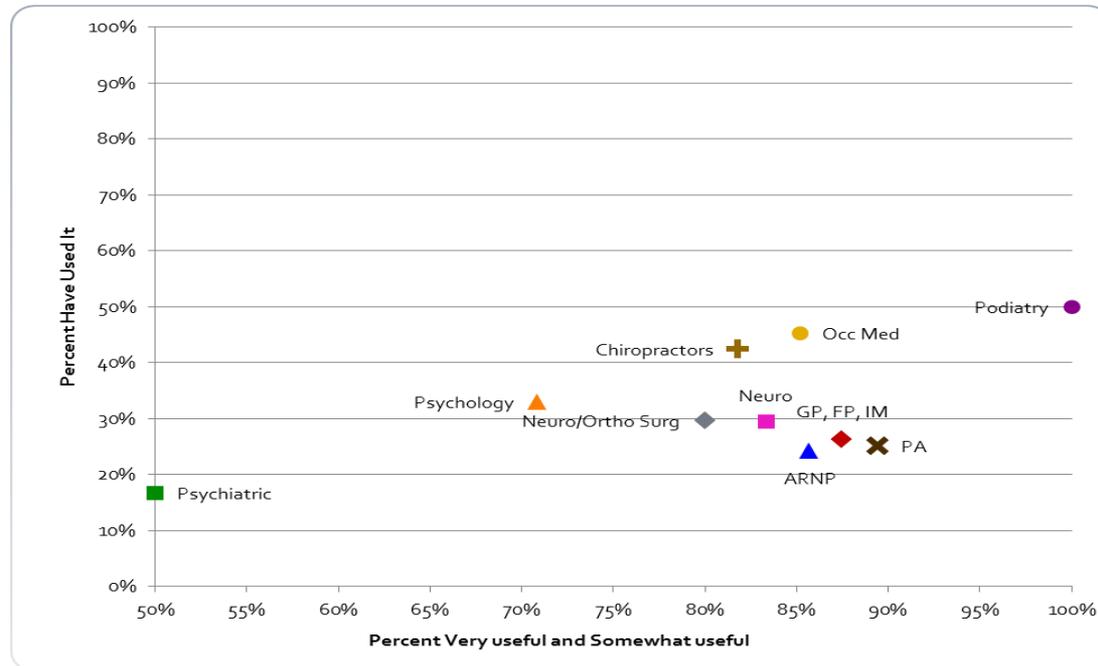
Electronic Correspondence (E-CORR) Application – Evaluate



Sample of What They Are Saying

+	<p>Allows communication directly with CM which often times is quicker than leaving a message with the assistant and waiting for a call back.</p> <p>Best way to reach a claim manager if it is not time-sensitive.</p> <p>Instant communication.</p> <p>More useful than leaving a message with the operator, as I often get much quicker response from the CM.</p> <p>Much faster turnaround time.</p>
-	<p>Don't always get answers. Info is always getting lost.</p> <p>Hard time getting in system.</p>

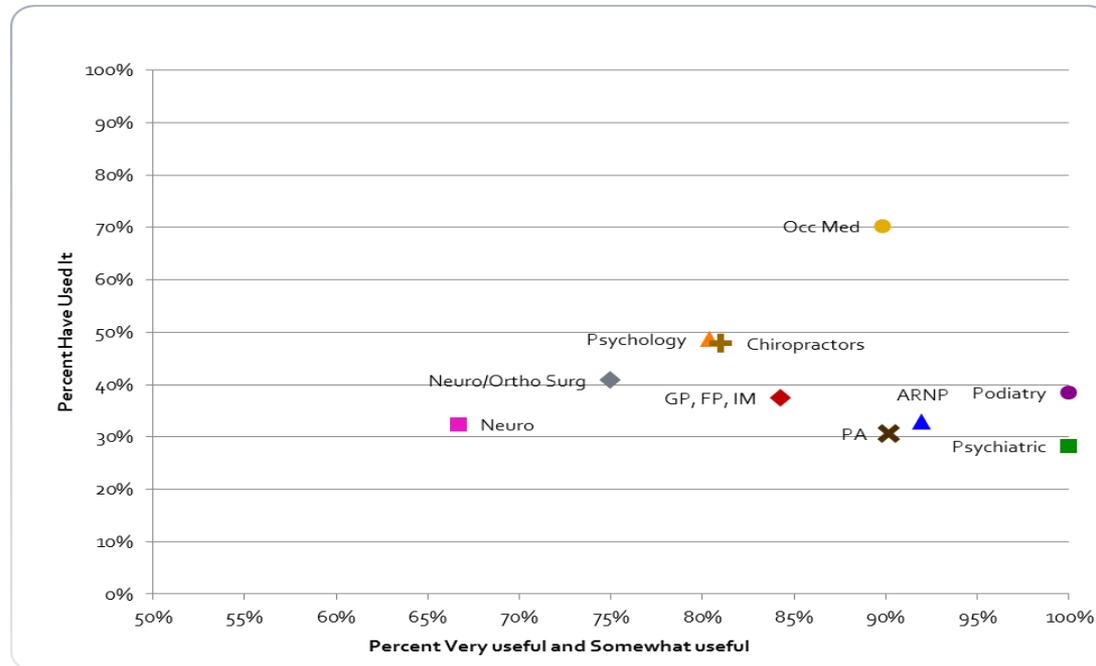
Payment Policies – Evaluate



Sample of What They Are Saying

+	<p>Quick access.</p> <p>Updates user on policy changes on what is payed for.</p> <p>Very easy to determine allowed amount for specific procedure.</p>
-	<p>Some issues unclear. Like telephone consultations.</p> <p>Doesn't reflect adequate compensation for time spent.</p>

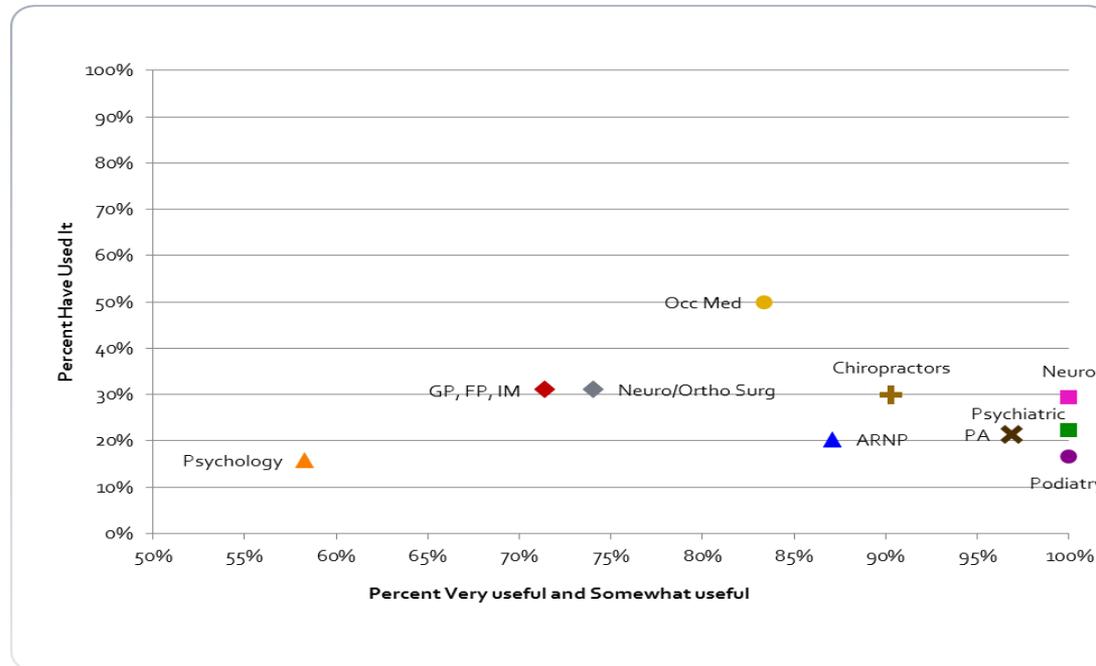
Medical Treatment Guidelines – Evaluate



Sample of What They Are Saying

+	<p>Great resource for best medical evidence on the guidelines that have been updated or created. I can see what is allowed for treatment and show the patients what is allowed.</p> <p>It may give me more leverage with the patient who has unrealistic expectations concerning job relatedness or treatment options.</p> <p>Provide guidance on some debatable conditions and evidence based treatment options.</p>
-	<p>Our physicians are best to decide.</p> <p>I know how to treat. Don't need guidelines.</p>

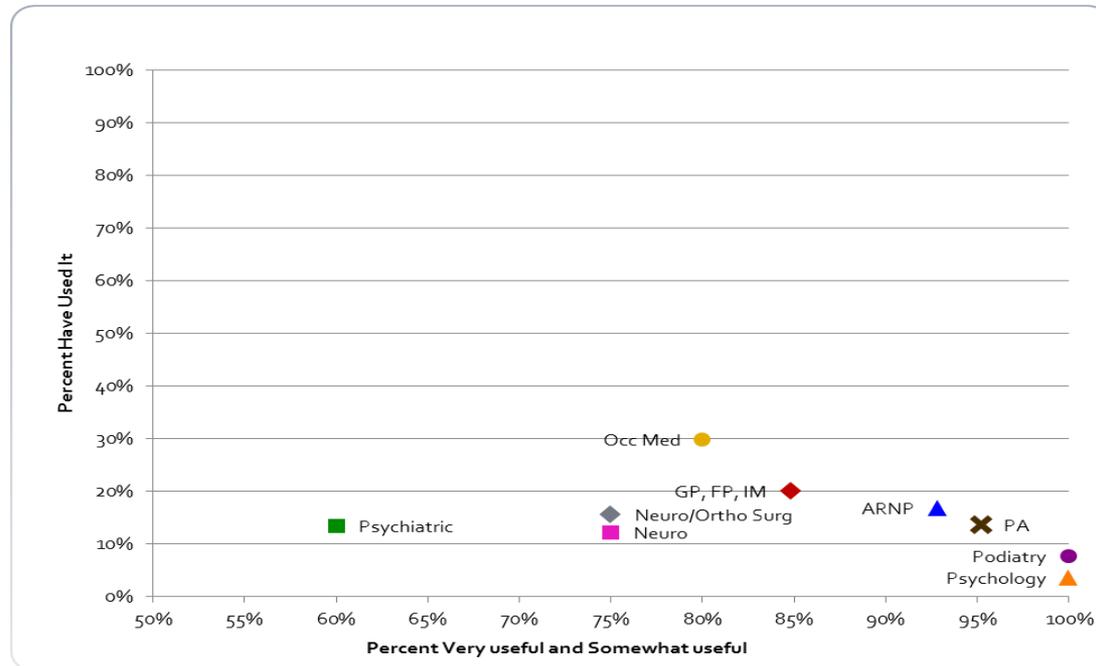
Coverage Decisions – Evaluate



Sample of What They Are Saying

+	<p>Allows explanation to patient.</p> <p>Allows us to know what's included in claim, and how claim will be processed.</p> <p>It gives us the info, but when they don't pay what they should, its frustrating to find out why.</p> <p>Know right away what they can do.</p>
-	<p>Has no effect on my recommendations. Do the best for a patient.</p> <p>Denies most of the surgeries that need to be done.</p>

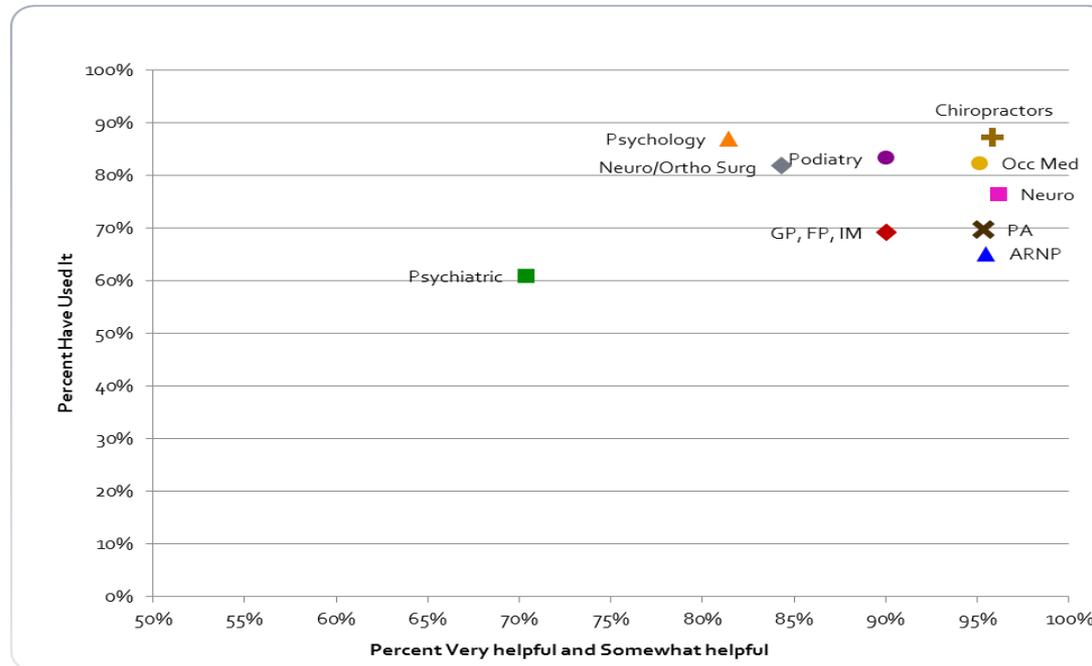
Pharmacy Drug Look-Up Tool – Evaluate



Sample of What They Are Saying

+	<p>Can find out what is covered and what's not.</p> <p>Good to see your options on medications.</p> <p>Really complete, great info.</p>
-	<p>Doesn't approve of a lot.</p> <p>Doesn't know if updated and is always changing.</p>

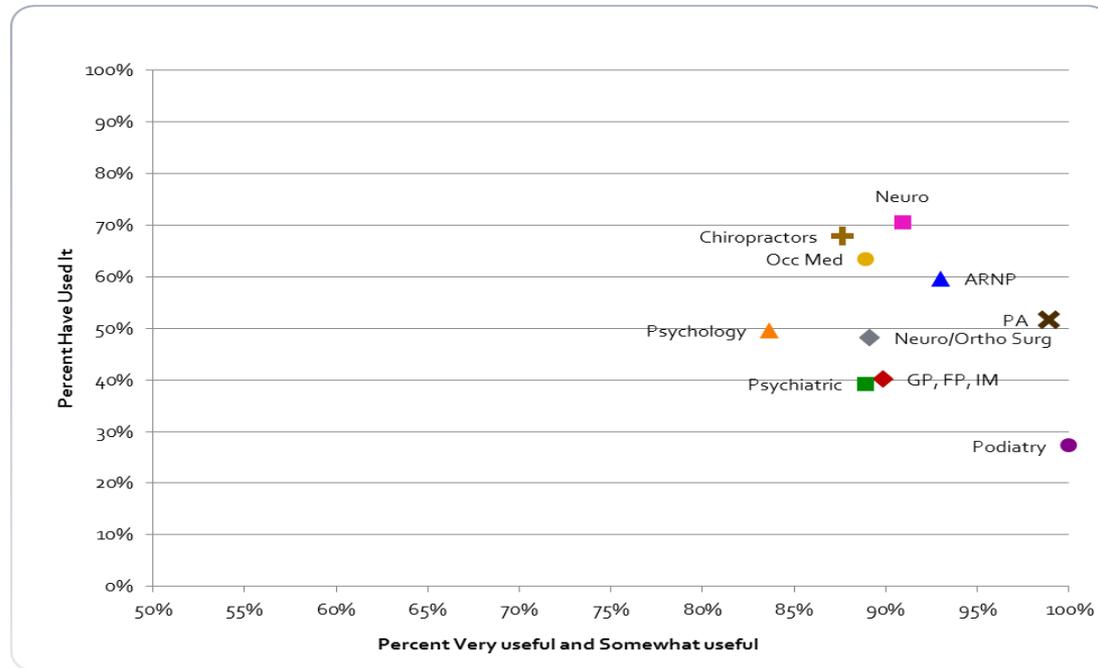
Claim Manager – Sustain



Sample of What They Are Saying

+	<p>Answering questions and updating the case. He/She did not give generic answers and took ownership/ responsibilities for their decision(s). The claim manager(s) are well informed of the policies and are able to think on the spot versus some health insurance and self insured claim managers (who are simply reading the computer screen).</p> <p>They answer my questions, without transferring to someone else, and have accurate information. They advise the best way to get done what I am calling about in a manner which is easily understood. Very helpful and polite :)</p>
-	<p>Hard to get a hold of.</p> <p>Often are hostile or dismissive.</p>

Toll-Free Provider Hotline – Sustain



Sample of What They Are Saying

+	<p>If we are unable to retrieve correct info from IVR, we can always get a human being.</p> <p>Able to give info right away, usually easy to get to someone.</p>
-	<p>Time consuming.</p> <p>Response time is days.</p>

Lessons Learned – Survey Administration

Issue: Telephone administration of the survey averaged 20 minutes / Web 15 minutes

Recommendation: L&I should review survey content and consider a shortened version.

Issue: Getting through to providers

Recommendation: The overall methodology might be re-considered. We would recommend sampling practices, rather than multiple practitioners within a practice.

Issue: Sample quality

There is an issue of quantity and quality. Given the targeted quota requirements, there is insufficient sample for some specialty groups. The expected 30-40% response rate for some specialty groups is not realistic.

Recommendation: A specific recommendation is difficult, but if this and similar provider-specific studies are expected, improved contact records would be useful.

Issue: Methodology

It is acknowledged that some questions are most appropriate for providers vs. administrative staff. This is evident in the large number of “Don’t Know” for some questions.

Recommendation: Consider developing two, briefer surveys – one for administrative staff and one for providers.

L&I Services – Usage and Perceived Helpfulness

