



April 25, 2017

Industrial Commission of Arizona
800 W. Washington St
Phoenix, AZ 85007

Re: Notice of 2017 Arizona Physicians' and Pharmaceutical Fee Schedule Hearing

Dear Industrial Commission of Arizona Members:

After analyzing the proposed staff recommendations in the 2017/2018 Arizona Physicians' and Pharmaceutical Fee Schedule, I am providing my comments.

For over 30 years, I have dedicated nearly my entire practice to the care of injured workers in the State of Arizona and have navigated the changes made by the Industrial Commission of Arizona. The recent implementation of the Official Disability Guidelines (ODG) has significantly changed the treatment requirements and has created additional burdens to my worker's compensation practice. My practice already has three times more support personnel necessary to manage the clerical requirements compared to my other partners who see worker's compensation patients less frequently.

The ODG criteria are substantive in nature requiring specific knowledge and requirements that are independent of the normal course of medicine. It is now becoming increasingly difficult to find specialists who are accepting worker's compensation patients, particularly since the ODG implementation. These fee schedule changes will further reduce qualified physicians willing to accept injured workers, lengthening timely access to treatment and return to work status.

The guidelines and treatment plans require additional time and workload to include coordination with case managers, adjustors and patient's legal counsel. In addition, determining work restrictions, conducting peer-to-peer reviews and testifying, further intensify the newer requirements. In 2016, I prepared and testified in court before the administrative law judges nearly 70 times, averaging one (1) hour preparation time, forty (40) minutes of driving time, and thirty (30) minutes testifying in court, while receiving \$110.00 in reimbursement per appearance.

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My son is currently a chief resident in anesthesia and will be starting his fellowship in pain management in July 2017, with the intent of joining me in practice the following year. His medical training has changed very little in relation to when I attended medical school and post-graduate training. Worker's compensation was not taught then, nor is it taught today.

The proposed fee schedule changes penalize those physicians who perform their procedures in a facility setting. I have chosen to conduct procedures in a free-standing ambulatory surgery center as it is licensed by the State of Arizona and provides a safer environment than most standard physician office settings.

If the proposed recommendations were adopted, it will continue to limit the availability of qualified specialists willing to take on the administrative burdens with the proposed reimbursement reductions.

Moving to an RBRVS fee schedule would be acceptable if the compensation to physicians was not so negatively affected. The proposed changes would result in the single greatest reduction in reimbursement to my pain practice in over 30+ years.

In summary, I support the philosophy to change to an RBRVS methodology. However, I disagree with the proposed fee schedule changes which would result in a significant payment reduction, particularly to the specialists. I am requesting your reconsideration and additional analysis necessary to create a more fair and reasonable physician fee schedule which would result in greater choice of physicians accepting worker's compensation patients and ultimately lead to less patient disruption.

Respectfully,

A handwritten signature in black ink, appearing to read "R Prust", written in a cursive style.

Randall S Prust MD
Rincon Pain Management