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SERVING OUR PATIENTS THROUGH INNOVATIVE
AND COMPREHENSIVE ORTHOPEDIC CARE

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ADMINISTRATION

Kyle W.D. Nelson, M.B.A.

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Arizona State University

TEAM PHYSICIANS FOR

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Phoenix Mercury

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May 10, 2017

Jacqueline Kurth
Medical Resource Office
Industrial Commission of Arizona
800 W. Washington Avenue
Suite 305
Phoenix, Arizona 85007-2922
Jacqueline.Kurth@azica

Dear Ms. Kurth:

It has come to my attention that there is a proposal before the Industrial Commission of Arizona to change the 2017/2018 Physicians' and Pharmaceutical fee schedule. Please consider this letter as comments related to this matter.

With each and every injured worker we evaluate, we as providers must address issues of causation, functional embellishment, preexisting conditions, treatment recommendations, permanent and stationary status, maximum medical improvement, permanent impairment ratings, supportive care, and the injured workers' work status. In addition, we often have to spend time discussing the cases with nurse case managers that may be present prior to, during, or after the injured worker's visit. They often contact us telephonically and we, as providers, must avail ourselves to these calls. In addition, peer review is becoming an increasingly more common practice in order to obtain approval for our treatment recommendations. This alone is a huge impact on our time as providers. Often, we have to "hunt down" the caller at a time that is more convenient for them rather than when we are available.

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These are challenging patients and are considered a distinct entity. Workers' compensation places a greater emphasis on return to function. As a consequence of treating Arizona's injured workers, we see a lower volume of patients due to the time it takes to manage these cases. Although appreciation is given to the proposed increase to the "E&M" codes for office management, it does NOT make up for the difference in the proposed reductions in surgical procedure reimbursement.

If the Commission allows the proposed changes to go into effect, this would result in a detrimental impact on the care of Arizona's injured workers. The current level of reimbursement allows for fair compensation for the level of service we provide. A reduction in fees WILL lead to a reduction in services. Again, for the most part, the additional services we provide are non-clinical and non-reimbursable. A reduction in fees will lead to a delay in getting injured workers seen in a timely fashion. This will lead to a loss of productivity in which ultimately the employer pays the price. We will no longer be able to afford the time to complete forms or meet with nurse case managers. There will be fewer postoperative follow up visits which can lead to prolonged disability times and extend case times. We will be less likely to take over care of injured workers treated elsewhere either in Arizona or out of state. We might not be able to provide impairment ratings which will result in an increased need for IME's and increased cost to insurance companies.

There is a favorable difference and an expertise that we provide and should be compensated fairly for the services that are expected and that we have been appropriately providing. The current level of compensation that we receive for surgical procedures compensates us fairly for those additional services and time.

Decreased reimbursement is not a deterrent to decreased utilization. This will reduce the costs per individual surgical procedure; however, it will result in increased overall costs per claim. Decreased reimbursement will lead to increased disability, increased permanent work restrictions, and increased loss of earning capacity which will all lead to increased employer costs. Some providers only look at the bottom line. A decrease in reimbursement will result in the need to do *more* procedures, not less.

By paying providers less will not increase participation, but rather further decrease participation. The concept of decreasing the fees to lead to an increase in providers is flawed and contradicts well established and proven economic law. Therefore, I disagree with the proposed percentage of decreases in the fees for many of the surgical codes.

I do understand the Commissions' proposed change in methodology to a RBRVS system and the need for utilizing this system for tracking data. Each state has their own special circumstances. Here, in Arizona, the current system works. With any change to the system, as well as any change to the fee schedule, we need to insure access to quality care for Arizona's injured workers and that compensation for providers remains fair.

I would like to go on the record to thank and acknowledge the plaintiff attorneys for their support and concerns about losing providers who understand the workers' compensation system.

I would like to thank the Commission for their time, consideration and hard work.

Sherwood K. Duhon, MD

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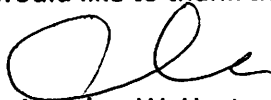
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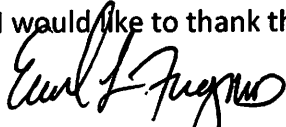
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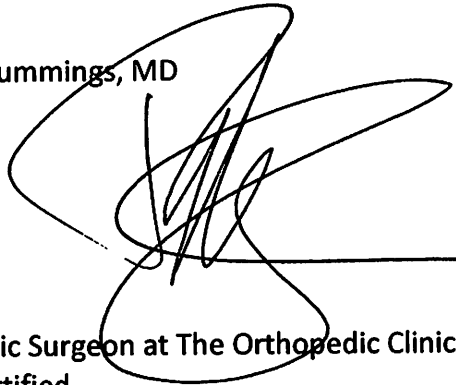
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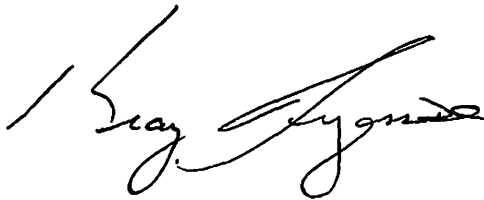
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Kraig M. Burgess, DO

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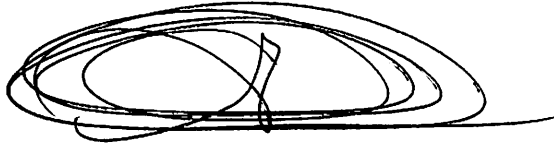
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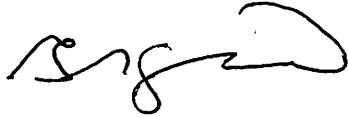
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Grant D. Padley, DO

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Orthopedic Surgeon at The Orthopedic Clinic Association
Board Certified
Fellowship Trained
Member, AWCCA



THE ORTHOPEDIC CLINIC ASSOCIATION, P.C.
SERVING OUR PATIENTS THROUGH INNOVATIVE
AND COMPREHENSIVE ORTHOPEDIC CARE

May 10, 2017

Jacqueline Kurth
Medical Resource Office
Industrial Commission of Arizona
800 W. Washington Avenue
Suite 305
Phoenix, Arizona 85007-2922
Jacqueline.Kurth@azica

Dear Ms. Kurth:

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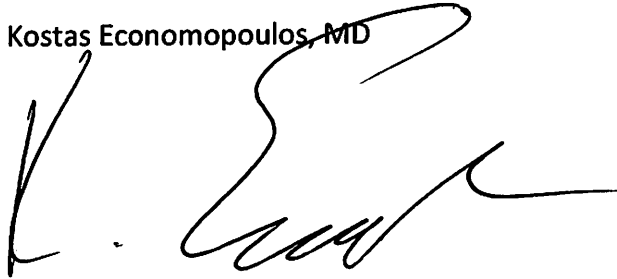
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