

A D V A N C E D
HAND&WRIST
S P E C I A L I S T S

Paul M. Guidera, M.D. John J. Shaff, PA-C.

3 May 2017

Dale L. Schultz, Chairman
Industrial Commission of Arizona
800 W. Washington Street
Phoenix AZ 85007

Dear Mr. Schultz:

As you know, the Commissioners are the curators of a complex and fragile system, the foundation of which is a statutory mandate to protect injured workers. An essential duty of that mandate is ensuring that the worker is provided with the highest quality medical care available in Arizona. An expert physician is the sole mechanism by which that care can be delivered.

The proposed 2017-18 Physician Fee Schedule undermines that obligation by devaluing physician work. Specifically, the conversion factor for surgical services fails to recognize the considerable extra work required on the part of the surgeon and staff during the global post-operative period (all of which is bundled).

It is not logical to believe or to claim that treating an injured worker is the same as treating a patient without a claim. The orthopedic, occupational medicine and psychiatric literature detailing the psychosocial and administrative baggage of work related injuries is extensive. It takes years of experience to understand how to manage all of that while navigating to a successful outcome.

By the metrics used in my hand surgery practice, the typical ICA follow up encounter takes 3 times longer than a private patient visit because I must deal as best I can with the fallout of that baggage during every encounter. The patient and/or the family are often adversarial or emotionally distraught. This behavior is due to the severe economic stressors, conflict with the employer or co-workers, exacerbation of underlying mental health issues, loss of self-esteem and/or substance issues seen in many claims. Claimants also schedule many more follow-up visits during the global period than private patients.

Frequently, I must also spend time explaining my work status recommendations because, unlike many claimants and their attorneys, I know that injured workers recover faster and are less likely to descend into depression, substance abuse and long-term unemployment if they return to some form of productive work early in the process of recovering from an injury. All of this extra work is unreimbursed.

Administrative Office 690 N. Cofco Center Court, Suite 190, Phoenix, AZ 85008
West Valley 4344 W. Bell Rd., Suite 102, Glendale, AZ 85308
East Valley 4765 S. Lakeshore Dr., Tempe, AZ 85282
Phone 602-812-7520 Fax 602-812-7534

Even when the patient encounter is over, I must attend to the important needs and questions of the case manager (in person) and/or those of the adjuster (by phone). I must complete a detailed work status report, sometimes several pages in length. I must often speak with safety officers, employers, therapists, life care specialists, attorneys and "peer-review doctors". Even after this, I cannot simply generate a standard 4 or 5 line progress note. Instead, I have to dictate a detailed forensic report to satisfy all interested parties and to establish a medical foundation for my testimony if and when litigation begins at MMI. When all of that is completed, I can then move on to the next patient encounter. Again, all of this is unreimbursed time and work because it is considered global and incident to the surgical procedure.

For 23 years, I have devoted my practice to the treatment of injured workers in this State. I am fortunate to be known throughout the community as an expert hand surgeon and forensic evaluator. But it is important for each of you to know that I can see three and often four non-industrial patients in the same time that it takes to see just one industrial patient. And in these private patient encounters, all I have to do is practice medicine, not social work, psychiatry, cheerleading, life coaching or vocational rehabilitation counseling. It's an apples to oranges comparison.

Slashing surgical reimbursement via lowball conversion factors will drive me out of the industrial arena along with many other go-to surgeons who are not only excellent doctors but who also have deep understanding of, and experience within, the Arizona worker's compensation system. Stated simply, it will be irrational from a business perspective for any of us to continue to treat injured workers.

Of course, other surgeons will soon fill the void. But they will be mainly inexperienced and/or technically-challenged "providers". The costs associated with an industrial claim will rise dramatically due to poor outcomes from inappropriately performed and/or unnecessary surgery, increased indemnity costs due to prolonged absences from work, prolonged need for ancillary services (e.g. therapy, imaging, pain management), inflated impairment ratings, more unscheduled injuries, greater need for costly case management services as well as litigation costs.

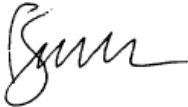
Neither you nor any other Commissioner will have the tools to rein in those costs.

The answer to controlling cost is not underpaying the doctors who heal these unfortunate workers. The obvious, rational and durable approach is a concerted pivot to evidence-based treatment guidelines. The State remains behind the curve compared to private health systems following a very timid dipping of the toes into evidence based care 4 or 5 years ago. Look to the AAOS for relevant examples of practice guidelines for several common orthopedic problems (www.aaos.org/guidelines). These are a roadmap to successful outcomes, cost containment and continued engagement of high quality physicians.

Finally, for better or for worse, at least two sitting Commissioners bring, as do I (as a physician stakeholder), potential conflicts of interest to the table: one insurance industry veteran, one owner of a case management business. These are industries likely to profit from slashing payments to the surgeons that buttress the workers' compensation system. I don't bring this point up to accuse, blame, criticize, imply wrong doing or to intimidate. The workers of this State deserve sunshine on this process and deserve a clear understanding of exactly who the Commission is serving. And they deserve to know that this is by no means cost containment, it is redistribution.

The Industrial Commission has long nurtured a fragile link between our injured workers and the most qualified surgeons in our State. Yet now, the Commission seems prepared to step off a cliff in order to drive agendas other than that dictated by its mandate. I urge extreme caution and small, small steps.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul M. Guidera". The signature is fluid and cursive, with a large initial "P" and "G".

Paul M. Guidera MD, FACS, CIME

Cc: Arizona Republic