

**May 11, 2007**

## **WC Network Report Card Update**

A key component of the new workers' compensation networks is an annual report card to help employers and employees make informed decisions about the quality of services provided by networks, and to help health care providers assess the quality of the network they participate in. The first report card will be published in September 2007 (18 months after the first network was certified, as required by statute).

Report card elements will include:

- employee access to care
- return-to-work outcomes
- health-related outcomes
- employee satisfaction with care
- health care costs
- utilization of health care

Data sources for the report cards include medical billing and income benefit data collected by TDI's Division of Workers' Compensation, injured worker survey data collected by TDI's Research and Evaluation Group, and additional data collected by TDI-certified workers' compensation networks.

### **Injured Worker Survey**

TDI began gathering stakeholder input regarding the content and length of the injured worker survey in July 2006. The survey was posted on TDI's website starting in July and it was also distributed to stakeholders at a meeting held on February 16, 2007 at TDI. The deadline for final comments was February 28, 2007 and the stakeholder comments were reviewed. A summary of the general comments along with the Research and Evaluation Group's response to stakeholders' comments are shown below.

In order to identify injured workers being treated in the TDI's certified workers' compensation networks and develop a sampling plan, a data call was issued on February 14, 2007 to networks that were certified in 2006. The data call identified all injured workers treated in a network on or before February 1, 2007. Currently, the survey instrument and the sampling plan for the survey have been finalized. The Survey Research Center at the University of North Texas was selected to administer the survey and is expected to begin the data collection process in late May.

At this point, we expect the report card to include survey measures for several groups and these groups will be compared to each other. The groups include: two individual certified networks; all other certified networks (includes networks with too few numbers of treated injured workers to be reported individually); and a non-network category (includes injured workers being treated outside the network). Although political subdivisions that contract with health care providers in lieu of using certified networks are subject to be included in the network report card, they will

not be included in this first report card. At the time of the network data call, none of the political subdivision networks had begun to fully function. It is our intent to report political subdivisions as a separate group in the second report card.

## **Response to Stakeholder Comments Regarding the Injured Workers' Survey for the WC Network Report Card**

**Comment:** The title of the survey “Survey of Worker Experiences With Work-Related Health Problems” belies an inappropriate focus to the survey.

**Response:** The title of the survey has been changed to “2007 Survey of Injured Workers”.

**Comment:** The proposed survey is too lengthy. Respondents will become frustrated and either fail to complete the survey or simply adopt the method of “completing the task” as quickly as possible.

**Response:** Sixteen questions from parts I, V, and VI were dropped, making this injured worker survey one of the shortest stakeholder survey conducted by the Research and Oversight Council or TDI Research and Evaluation Group. Please note that the original version was similar to other TDI surveys administered since 2000 which typically took injured workers 20-30 minutes to complete. Although reluctance among some stakeholders usually adds to survey non-response rates, this is not an issue among injured workers. It should also be noted that similar injured worker surveys conducted by research groups such as WCRI and RAND are substantially longer in length.

**Comment:** Many of the proposed questions depart from seeking information on the quality, cost or availability of medical care to treat claimants for workplace injuries and instead seek information that is entirely subjective in nature and relating to the general health or even the emotional state of the respondent. These questions do not address the purpose or statutory requirements of objectively assessing the quality, cost, or availability of medical care provided through the certified networks and should be eliminated from the survey.

**Response:** The majority of the proposed survey questions come from standardized health surveys and workers' compensation surveys that are specifically designed to measure issues such as the quality and availability of care, required components of the report card. These questions have been tested and validated with multiple populations of claimants, including injured workers and health plan recipients over several years. Also, please note that the survey is only one component of the workers' compensation report cards. According to section 1305.502 of the Insurance Code, the report card must contain information on employee access to care, employee satisfaction with care, return-to-work outcomes, health related-outcomes, health care cost, and health care utilization. The survey measures are only one component of the report card and are intended to capture injured employees' access to care, satisfaction to care, and their RTW and health status. Administrative data such as the medical billing data and the income benefits data will also be used to create the medical cost, medical utilization, and some access to care measures.

**Comment:** We have concerns regarding the timeframes in which the survey calls will be made. We believe that calling during the day introduces significant negative bias to the survey results given that the majority of the calling hours would be during the time they would reach an injured

worker who has not returned to work.

**Comment:** The survey will generally be conducted during the day. Most people who are available to respond during the day are generally those who do not work; people who are generally inclined to respond negatively to the survey. Those who are working, and generally inclined to respond positively, may not have their survey response tabulated.

**Response:** The survey will be conducted during and after regular daytime working hours. Potential survey respondents are contacted multiple times between the hours of 8AM to 9PM. If a potential respondent is called in the morning with no success then the respondent is called at other times during the day and evening.

**Comment:** The responses provided throughout the document are inconsistent and many start with the negative response. We would recommend that the responses be more consistently labeled as well as starting with the positive response.

**Comment:** The listing of response options invariably list the most negative response options first, further skewing the survey in favor of finding dissatisfaction with the networks. Such phrasing of questions in a negative tone prejudices the credibility of the survey.

**Response:** Please note that many of the questions are standardized and tested scaled responses. These instruments have undergone several years of rigorous validity and reliability tests.

Tampering with the response scales would mean that REG would have to start over in terms of testing the instruments for validity, reliability, and other measurement issues. This task is beyond REG's limited resources and the mandated deadlines. In addition, these questions and the format of the responses are also used in managed care report cards in Texas and across the nation (e.g. California, Colorado, Connecticut, Florida, New Jersey, New York, Pennsylvania, Tennessee, and Utah). Finally, we consulted with the Survey Research Center at the University of North Texas and they agreed that it was best not to tamper with standardized questions that have been held credible by academic and report card researchers.

**Comment:** There needs to be some mechanism to validate the survey results. As currently proposed, the survey is entirely self-reported. There needs to be some process to validate the responses. At a minimum, if questions are raised, TDI needs to be able to go to the doctor and network to see if the concerns expressed by the respondent were accurate. It does not appear that the proposed survey has any processes in place to conduct any validation of the self-reporting survey.

**Comment:** It is unclear how TDI would validate the subjective responses.

**Response:** While the report card will also contain objective measures created with administrative data, REG does not consider it necessary to validate the injured workers' responses. Validating the response of injured workers' is not considered a standard practice in consumer health care report cards. In addition, REG does not possess the financial resources or time requirements necessary for validation activities.

**Comment:** While we only made a few comments in the survey itself, it does appear that a number of the questions could be reworded into more positive questions rather than questions that are more likely to draw negative responses.

**Comment:** Overall, the survey is very subjective with many leading questions that imply there are "problems" that need to be reported.

**Comment:** For some reason, most of the questions in the proposed survey are asked from a negative perspective and seemed designed to elicit adverse comments regarding the quality of care received through networks. These issues will be discussed in connection with the specific questions, but as a general concern, many of the questions relate to discussing “problems” with treatment and requesting the respondent to judge how “great” the problem was with the network.

**Response:** Yes, we agree that the survey is subjective, but we disagree that the questions are leading. Certain components of consumer health care report cards are by design subjective as they are expected to capture the view of the consumers (i.e. injured workers). The survey is intended to reflect the view of the consumers (i.e. injured workers), particularly their experiences and satisfaction with the workers’ compensation TDI-certified networks. The questions and the format of the questions in the TDI survey are standard and are used in managed care report cards in Texas and across the nation (e.g. California, Colorado, Connecticut, Florida, New Jersey, New York, Pennsylvania, Tennessee, and Utah). These instruments have undergone several years of rigorous validity and reliability tests. Tampering with the wording of the questions would mean that REG would have to start over in terms of testing the instruments for validity, reliability, and other measurement issues. This task is beyond REG’s financial resources and the mandated deadlines.

**Comment:** We would recommend the following modification to question 28: “Did you file a formal complaint regarding the medical treatment ...”

**Response:** This change was made.

**Comment:** Some segments of the survey are too technical for the interviewee to respond accurately. How will the interviewer discern the difference in technical terms, such as “treating” provider and “specialist” provider to someone whose understanding of work comp and/ or educational level may not comprehend the difference?

**Response:** The survey now defines what a treating doctor and specialist are and these definitions will be read to injured workers before they are presented with questions regarding treating doctors and specialists. Please note similar versions of the TDI survey have been administered since 2000 and injured workers appear to be able to distinguish between a treating doctor and a specialist. In addition, the Federal CAPHS<sup>TM</sup> survey (which is a part of the injured worker survey) is used extensively to capture the health care experiences of Medicaid and Medicare recipients, whose level of education is similar to that of injured workers, using similar terms like “specialists” with little problems.

**Comment:** The survey also does not address satisfaction with claims management. Claims management is a source of complaints and trends might be identified.

**Response:** HB 7 did not require satisfaction with claims management to be a goal of the report card. Given stakeholder concerns regarding the length of the survey, the REG has chosen to limit questions for the first report card to those topics that are associated with statutorily required report card elements; however, REG may consider this topic for future surveys.

**Comment:** Is there any thought of limiting these questions [health status questions] to effects of the work-related injury? Injured employees could have other health conditions unrelated to the injury that cause limitations.

**Response:** It is difficult to partition an injured workers' self-reported health status into the part that can be solely attributed to the work-related injury, especially when collecting data through a survey. The intent behind asking these questions is to compare different workers' compensation groups (e.g. pre-HB7 vs. post-HB7, employed vs. unemployed, network A vs. network B) to one another and to the US population. This approach will help to gauge if there are improvements in health status because of HB 7 and/or networks.

**Comment:** It is unclear how the responses will be calculated into results to be communicated to stakeholders and legislators. It is unclear how TDI can draw conclusions from the survey that translates into level of network performance, i.e. high, medium or low performer.

**Response:** REG has given serious thought and time to this by collecting and studying managed care consumer report cards from California, Colorado, Connecticut, Florida, New Jersey, New York, Pennsylvania, Tennessee, Texas, and Utah. These samples were distributed to stakeholders on February 16, 2007. The REG determined that the optimal approach is to group and report the survey questions as composites that capture such constructs as getting needed care, getting care quickly, satisfaction with doctors and medical care etc. These measures will be computed and summarized for each individual network. Each network will be compared and ranked relative to the average for all networks. Similar measures will be computed for non-network care for the purpose of comparing network and non-network care.

**Comment:** While the injured worker survey addresses medical care, it does not address the length of time from the date of injury to the date of survey. The responses will vary because of the length of time since injury.

**Response:** The length of time from the date of injury to the date of survey is an issue that was discussed during the February 16<sup>th</sup> stakeholder meeting. REG intends to survey workers who are at the same relative point post-injury, consistent with sampling plans the REG uses for these types of surveys.