



Workers' Compensation Medical Care in California: Access to Care

FACT SHEET

CALIFORNIA'S WORKERS' COMPENSATION (WC) LAWS ARE DESIGNED TO ENSURE that people suffering job-related injuries and illnesses receive prompt and appropriate medical treatment. WC insurance provides full payment for necessary and reasonable medical expenses, without the need for deductibles or copayments by the injured worker. In theory, this avoids many of the problems plaguing general (non-WC) health care in which access to medical services may be limited by patients' lack of health insurance, the high cost of premiums, the need for large out-of-pocket expenditures, and other financial barriers.

Nevertheless, evidence suggests that some injured workers in California face substantial obstacles in accessing appropriate and timely care despite the basic financial protection afforded under WC insurance. For example, a recent survey conducted by the California Division of Workers' Compensation found that 13.3 percent of injured workers in California reported "some or a lot of trouble getting medical care."¹ The survey also revealed that nearly one quarter (23.1 percent) of Californians being treated for occupational injuries incurred unreimbursed medical expenses, with 2 percent making out-of-pocket payments exceeding \$500.

Table 1. Unreimbursed Medical Payments per WC Claim

Out-of-Pocket Costs	Percent of Patients
\$ 0	76.1%
\$ 1–99	15.7%
\$ 100–499	5.7%
\$ 500 +	1.9%

Source: Rudolph et al., 2002

Many Workers Have Difficulty Getting Care

Low-wage and minority workers are especially likely to experience difficulties in obtaining appropriate WC medical care. A survey in Northern California found that nearly one-third of garment workers with work-related musculoskeletal injuries were never seen by a health care provider, and only 3 percent filed a WC claim.² The most frequently cited barriers to accessing medical care for these workers were language (46 percent) and the cost of care (40 percent). Ten percent of them were afraid to seek care because of potential job loss or other employer reprisals.

1. Rudolph L, et al. "What do injured workers think about their medical care and outcomes after work injury?" *Journal of Occupational and Environmental Medicine*. 2002. 44: 425–434
2. Lashuay N, et al.. *We Spend our Days Working in Pain: A Report on Workplace Injuries in the Garment Industry*. San Francisco, CA: Asian Immigrant Women Advocates and University of California, San Francisco. 2002.

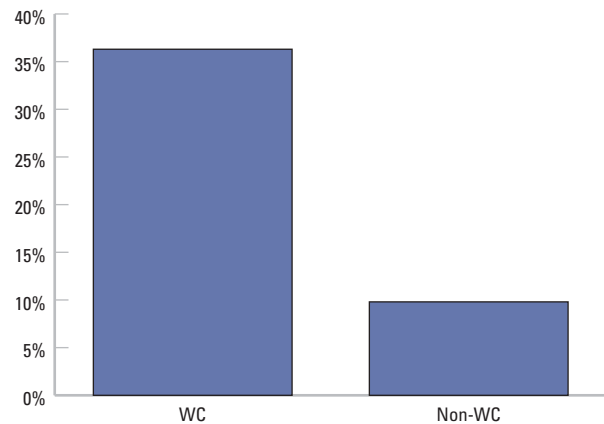
Many workers lack basic information about how to obtain medical care for work-related injuries and illnesses. Most participants in a focus group study of injured California workers had not received adequate information from employers about how to obtain WC medical care.³ Another study found that only one-third of California agricultural workers are aware of WC benefits for job-related injuries.⁴ The California Department of Industrial Relations and the Employment Development Department estimated that 19 percent of California employers either do not carry WC insurance or underestimate their payroll to avoid paying WC premiums.⁵

Common Problems in Obtaining WC Medical Care

In general, the research shows that problems with obtaining appropriate workers' compensation medical care fall into three categories: *primary access*, *secondary access*, and *tertiary access*. Primary access issues involve patients' attempts to secure initial entry into the system, which usually depends on the employer having insurance coverage and the worker's claim being accepted. Secondary access involves barriers to care that arise once basic entry to the WC system has been achieved, such as difficulties in getting appointments and referrals to specialists, delays in tests or treatments being authorized, and problems obtaining after-hours care. Tertiary access pertains to issues related to securing appropriate and efficacious care once the secondary access issues have been resolved. Tertiary access problems include: lack of appropriate skills among treating providers, inadequate communications between patient and provider, inability

of providers to assess patient needs properly, and care that is not appropriate for the patient's condition.

Figure 1. Insurer Pre-authorization for Care Required



Note: data from a national survey of physicians providing care in office settings indicating whether pre-authorization was needed to perform, and get paid for, a particular service. Source: Dembe et al., 2002

Access problems commonly reported by workers attempting to secure medical care for occupational conditions include:

Primary Access (blocked entry to the system)

- Some employers fail to be insured for WC, though required to by law, thereby impeding injured workers' attempts to obtain paid medical care.
- For many conditions, like low back pain, doctors are unable to make a firm decision from a medical standpoint about whether or not a worker's condition is actually work-related, thus complicating workers' efforts to qualify for WC care.
- Insurer delays in accepting coverage, especially right after an injury or illness, when care is most needed.

3. Sum J. *Navigating the California Workers' Compensation System: The Injured Worker's Experience*. San Francisco: California Commission on Health and Safety. 1996.

4. Villarejo D, et al. *Suffering in Silence: A Report on the Health of California's Agricultural Workers*. Sacramento, CA: California Institute for Rural Studies. 2000.

5. Labor Research Association (LRA). *Workers' Compensation Fraud: The Real Story*. New York: LRA. 1998.

- Injured workers failing to file a WC claim, possibly because of fear about losing their jobs.
- Employers discouraging the proper reporting of claims, for example, by having safety award systems based on minimizing claims filings or failing to forward claims to the WC insurer.
- Lack of basic information about WC medical benefits and claims procedures among employers, employees, and medical providers.
- Inadequate availability of appropriate medical providers in some areas (e.g., rural locations)

Secondary Access (structural barriers within the system)

- Employers in California control the choice of provider for the first 30 days following injury (unless the employee has predesignated a provider), making it more difficult for injured workers to use their regular clinician.
- Low allowable payment rates may discourage providers from accepting workers' compensation patients.
- Providers frequently need pre-authorization for care from WC insurers, which may delay injured workers getting needed medical services or referrals to specialists.⁶
- Occasionally, injured workers need to make out-of-pocket expenditures for care prior to getting WC reimbursement (e.g., for prescription drugs), which may create a substantial financial burden, especially for low-wage workers.

Tertiary Access (failure to address patient needs)

- Some medical providers lack the basic skills for treating work-related ailments, such as the ability to conduct functional assessments, evaluate job demands, determine the patient's work capabilities, and devise an appropriate plan for returning to work.
- Financial and time pressures can make it difficult for physicians to learn about workplace conditions, communicate with employers, and integrate prevention approaches into medical care for work injuries.
- Cultural and language barriers are common in WC care, partly because the employer rather than the patient generally selects the treating provider.
- Injured workers often experience poor communication and mistrust with medical providers, reflecting the adversarial nature of workers' compensation.
- Inadequate coordination between WC and general medical care can complicate care and create potential problems, such as adverse drug interactions.

Improving Access to WC Medical Care

Employers, workers, insurers, medical providers, health care systems, and state officials must work together to ensure that injured workers can easily access needed medical care. Injured workers should be provided with essential information on how to locate and use available services. In some cases, injured workers may need assistance obtaining transportation to clinical sites. Expectations should be established for how quickly

6. Dembe A, et al. "Office-based Medical Care for Work-related Conditions: Findings from the National Ambulatory Medical Care Survey, 1997–1998." *Journal of Occupational and Environmental Medicine*. 2002. 44: 1106–1117.

providers respond to requests for medical care, the geographical distribution of providers, staffing levels needed to ensure the availability of specialists and ancillary services, and periodic patient surveys to monitor satisfaction with access to care.

“Initial treatment for non-emergency services must be made available by a health care organization within 24 hours of the HCO’s receipt of a request for treatment.”

—California Division of Workers’ Compensation, Certification Standards for Health Care Organizations (HCOs), 8 California Code Regs., § 9773(b)(4)

Medical care ought to be readily accessible during claims adjudication and disputes, and timely appeals and complaint procedures should be established for injured workers who have difficulty in obtaining care. Special approaches to help minority and disadvantaged workers obtain appropriate care include multi-lingual and culturally diverse providers and staff, trained medical interpreters, and translated versions of medical literature and applicable forms. Ensuring timely access to appropriate WC medical care ultimately is in everyone’s interest, reducing costs for employers and insurers, boosting workplace productivity, minimizing disability for injured workers, and enhancing providers’ ability to deliver high quality care.

Additional fact sheets on cost, quality of care, and an overview of the WC system are available at www.chcf.org and www.dir.ca.gov/chswc.

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