

REG Report Snapshots, 2024

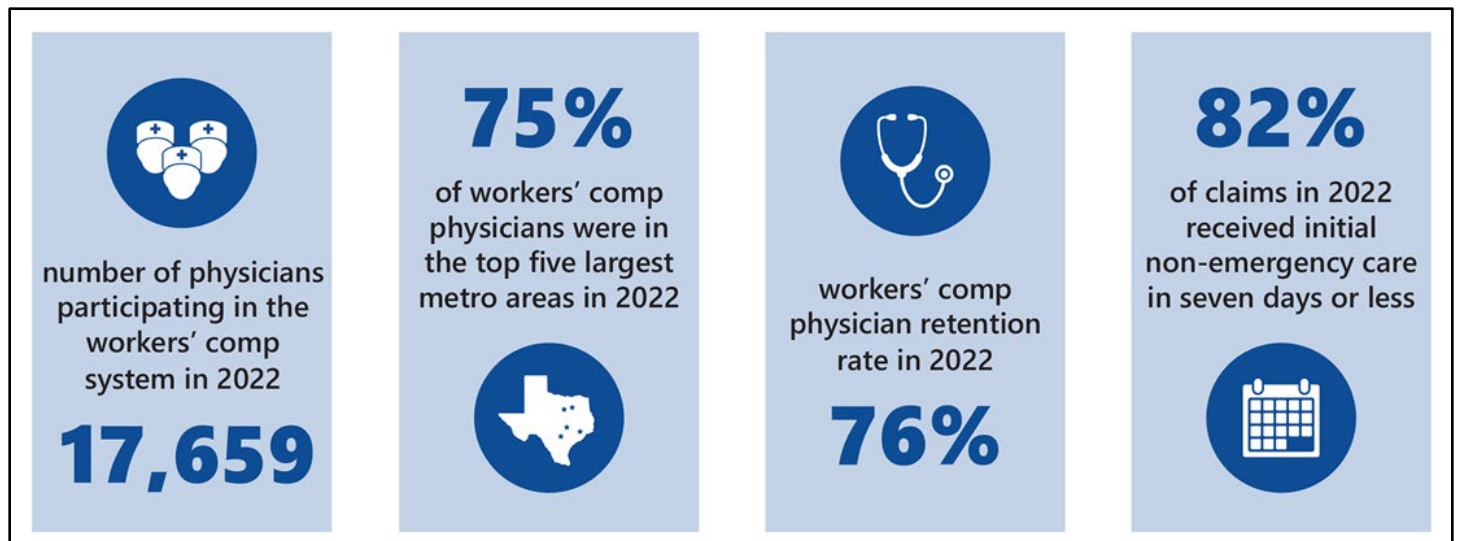
Access to Medical Care in the Texas Worker's Compensation System

April 2024

Summary

One of the primary goals of an effective workers' compensation system is to ensure that employees with work-related injuries receive timely and appropriate medical treatment. In a healthy workers' compensation system, health care should be easily accessible, prompt, and appropriate. This report discusses data from 2017 to 2022 and measures the availability of care for injured workers and accessibility of care by the timeliness of first non-emergency medical treatment. This report also discusses how many doctors participate in the worker's compensation system and how many remain part of this system.

Key Findings



The total number of active physicians in Texas increased at an annual rate of 2.6% between 2017 and 2022. The total number of workers' compensation participating physicians remained relatively stable in 2022 (17,659). While there were more active doctors in Texas every year, the number that participated in the Texas Worker's Compensation system remained similar; therefore, the percentage of doctors in the system decreased.

Overall, the workers' compensation participating physician retention rate was high and relatively stable: 79% in 2017 and 76% in 2022. In 2022, 75% of workers' compensation participating physicians were in the largest five metro areas.

About 82% of claims received initial non-emergency care in seven days or less in injury year 2022, down from 84% in 2017. The share of claims receiving same-day treatment decreased from 44% in 2017 to 41% in 2022.

About the report

The analysis focuses on injured employee's access to care between 2017 and 2022: the RTW outcomes of injured employees who received temporary income benefits (TIBs) for their lost time. RTW rates are calculated using quarterly employee wage information from the Texas Workforce Commission. This report shows two types of RTW rates: initial RTW and sustained RTW. Initial RTW is the percentage of injured employees who returned to work for the first time after their injury. Sustained RTW is the percentage of injured employees who returned to work and stayed at work for three consecutive quarters (nine months) after their injury.

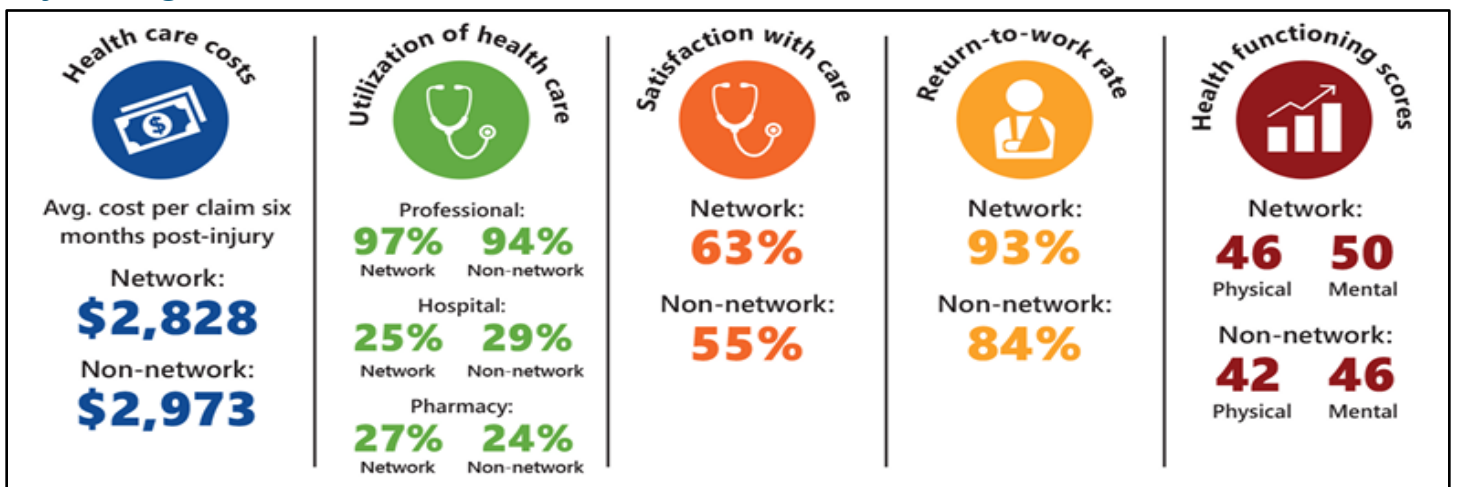
Network Report Card

September 2024

Summary

Overall, the 2024 network report card continues to show that networks tend to be more cost-efficient than non-network claims, and these cost differences appear to be partially driven by lower hospital utilization and lower prices per service. Network claims generally have higher level of satisfaction with health care, better return-to-work and functional outcomes, compared with non-network claims. Network claims also tend to receive initial non-emergency medical care sooner than non-network claims. Not all networks are the same, however, and this report card shows those differences, particularly in injured employees' perceptions about their access to care and satisfaction with care.

Key Findings



Overall, networks have lower cost and higher utilization than non-networks:

- Networks generally have lower overall health care costs per claim than non-network claims at six months and 12 months maturity. Several networks did have higher overall health care costs than non-networks. Network claims have lower average professional and pharmacy costs but higher hospital costs than non-network claims.
- A higher percentage of network claims received professional services and pharmacy services than non-network claims. A higher percentage of non-network claims received hospital services.

- The level of satisfaction with health care was higher for network than non-network claims. About two out of three injured employees with network claims reported that their work-related health care was the same or better than the medical care they normally receive.
- Networks provided non-emergency care sooner after an injury than non-network claims and had higher return-to-work rates than non-network claims.
- Most network claims had higher physical and mental functioning scores than non-network claims.

About the report

There are 26 networks covering 254 Texas counties that are certified to provide workers' compensation health care services as of July 1, 2024. This report includes public entities such as the Political Subdivision Workers' Compensation Alliance (Alliance). This report card examines only claims with injuries occurring between June 1, 2021, and May 31, 2023. Certain public entities and political subdivisions (such as counties, municipalities, school districts, junior college districts, etc.) have the option to:

- Use a workers' compensation health care network that TDI certifies under Texas Insurance Code Chapter 1305.
- Allow their injured employees to seek health care as non-network claims.
- Contract directly with health care providers if a certified network is not "available or practical," essentially forming their own health care network.

To capture information about employee access to care, employee satisfaction with care, return-to-work outcomes, and physical and mental functioning outcomes, REG developed an injured employee survey using a series of standardized questions from the Consumer Assessment of Health Plans Study, Version 5.1 (CAHPS™ 3.0), the Short Form 12, Version 2 (SF-12™), the URAC Survey of Worker Experiences, and previous injured employee surveys that REG conducted. The report findings are based on 2,451 completed telephone surveys of injured employees with injuries occurring between January 1, 2022, and May 31, 2023. The surveys were done in March through July 2024.