

## II. STUDY GOALS AND OBJECTIVES

The primary goal of this study is to measure access to quality health care under the WC system in California following recent WC reforms that went into effect in 2004 and 2005. Specifically, have reforms that (1) implement treatment guidelines and UR, (2) explicitly limit the number of visits to specific types of providers, (3) establish MPNs that potentially limit the choice of providers available to deliver treatment to injured workers, and (4) reduce payment for most physician services by 5 percent from previous levels created barriers to access and quality of care. These aspects of recent WC reforms may reduce access to quality care by causing physicians who previously treated WC cases to limit or cease their treatment of WC cases or by limiting the ability of physicians still treating WC cases to obtain the care they believe necessary on behalf of injured workers.

The main objectives of this study are to:

1. Establish baseline information regarding the proportion of injured workers and physicians reporting access and/or quality problems in 2006;
2. Determine specific factors that promote or inhibit access to quality care;
3. Quantify the extent of such barriers;
4. Determine whether lack of access, if present, is substantial; and,
5. Recommend methods of ensuring continued access.

For this first year of the study, CHPR developed and fielded three surveys to achieve the primary goal and objectives of this study. The experiences of injured workers were examined through an extensive survey designed to assess various aspects of access and quality of care received for a specific injury in the recent past. A second survey of six different categories of physicians, as defined by LC § 3209.3, was conducted to examine perceived and experienced barriers by providers in delivery of care to injured workers. A final survey of WC payers including self-insured employers, insurers, and third party administrators was administered to examine the experiences of payers with MPNs, contracting with physicians, and with injured workers' ability to access quality medical care.

These surveys are described in more detail in Section V of this report. CHPR's analyses of the data obtained from these three surveys are presented in Sections VI, VII, and VIII of this report. The survey results are used to develop recommendations presented in Section IX regarding how California's WC system can be enhanced to promote and maintain access to quality health care.