



Texas' Designated Doctor Program Is Facing a Shortage: *A 67% Decrease in Physician Participation*



Designated Doctors: By the Numbers

67% The five-year decrease in the number of physicians (MD or DO) who participate as Designated Doctors. (1,361 physicians participating on January 1, 2011 and 447 physicians participating on January 1, 2016.)

29% The five-year increase in the number of chiropractors who participate in the Designated Doctor program. (255 chiropractors on January 1, 2011 and 359 chiropractors participating on January 1, 2016.)

Can a Texas Workers' Compensation Program Function Without Physicians?

When disputes about a work-related injury or occupational illness occur in the Texas Workers' Compensation program, the Designated Doctor program is utilized to provide the patient with an optimal examination to determine the best outcome possible for the patient.

Without a broad representation of various physician specialties in the Designated Doctor program, it is difficult to ensure that injured employees have the best resources necessary for their recovery. For example, orthopaedic surgeons have one of the highest levels of education and training, especially in the musculoskeletal arena. This includes four years of medical school, five years in an orthopaedic residency, and often at least one year in a subspecialty fellowship.

However, the Designated Doctor program is facing a crisis: a sharp decrease

in participating physicians. From 2011 to 2016, the program witnessed a dramatic 67-percent decrease in the number of physicians (medical doctor or doctor of osteopathic medicine) who serve as Designated Doctors. Physicians are citing a lengthy training process and the inability to see multiple patients during an assignment as two reasons for dropping out of the program.

Meanwhile, the Designated Doctor program has witnessed a 29-percent increase in the number of chiropractors participating in the Designated Doctor program during the same time period.

The program's effectiveness may be challenged if physicians continue to drop out at the current rate. TOA strongly encourages policymakers to enact changes that will increase physician participation in the Designated Doctor program.

The 85th Legislature Can Help

The 85th Texas Legislature will have an opportunity to halt the extraordinary number of physicians who are leaving the Designated Doctor program through legislative changes. Some of the suggestions include:

Improve the Scheduling of Designated Doctor Exams. Today, Designated Doctors are permitted to see only one injured employee per assignment. For an orthopaedic surgeon, the cost to see only one Designated Doctor patient in a day is likely to outweigh the revenue that the surgeon could generate by seeing multiple non-Designated Doctor patients in a day. An orthopaedic surgeon may even have to dedicate two days of travel simply to see that one patient.

We strongly encourage the return to the old system in which a physician could see injured employees in groups of two, three, four, or five per assignment.

Medical Fees Should Be Commensurate with the Acuity of the Injury. The framework for compensating Designated Doctors does not accurately account for the additional time to provide the detailed evaluation and reporting that some injuries require. For example, evaluation and reporting for a simple back sprain is paid at the same rate as a complex spinal injury with neurological deficits.

The Legislature should grant the Division of Workers' Compensation (DWC) any additional flexibility and guidance necessary to permit and encourage the modification of the Medical Fee Guidelines to appropriately compensate complex/severe injuries.

Address the "Lottery" Approach to Designated Doctor Exams. The Designated Doctor program resembles a

"functioning lottery" in which the statute assigns patients to the "next available" Designated Doctor on the list. In many cases, a county may be served by Designated Doctors (both physicians and chiropractors) from outside the county. For example, a Houston chiropractor may be assigned to a Dallas injured worker. Many orthopaedic surgeons have been frustrated with the multiple days of training that they completed, only to be placed on a long waiting list and go many months without seeing a patient.

The Legislature should grant DWC the authority to assign an injured worker to a Designated Doctor who is located within the same city, county, or geographical area of the state where the injured worker is located. We also encourage the Legislature to create a framework for DWC to form regional Designated Doctor groups.

Make the Training and Re-certification More Efficient. Typically, the time commitment for maximum medical improvement/impairment rating (MMI/IR) training is approximately three days away from a physician's medical practice, or four days for a first-time attendee who also attends the orientation workshop. The time away from a physician's practice and the costs associated with the training often outweigh the potential revenue from participating in the Designated Doctor program.

The Legislature should shorten the time allocation to meet course curriculum and re-certification. Limiting the training for MMI/IR certification to only two days with a corresponding lower training fee for just the MMI/IR portion of the training would address costs related to both cost and time. In addition, Designated Doctor re-certification training should be less frequent.

