

Policy Options Regarding Medical Costs

Continuing Medical Education Credits for Work Comp (Training Opportunities)

Current:	Options
<ul style="list-style-type: none"> Physicians not required to submit continuing education (CE) or continuing medical education (CME) for license renewal (specialties may require CE) Advanced practice registered nurses are required to have 40 contact hours of CE in each 2-year license period (24.159.1424 ARM), the majority of which must be in the specialty for APRNs who have a specialized certification. Chiropractors already are required to obtain a minimum of 4 hours of CE relevant to impairment evaluation, every 4 years, or within 1 year of a new AMA guide to evaluating permanent impairment. (24.126.910 ARM). The impairment CE is in addition to regular CE. Chiropractors with an impairment evaluation certification are qualified to evaluate injured workers between 7/1/1987 and 6/30/1991. 	<ul style="list-style-type: none"> Provide an incentive for work-comp related CE or CME for treating physicians through the fee schedules (by department rule) or a point system that could be incorporated into the Utilization and Treatment Guidelines. (e.g. more points accrued by a treating physician through CEs could "buy" a streamlined process for a procedure not covered by the UT Guidelines within certain monetary limits.) Require CE or CME for all those eligible to be treating physicians. (which includes physicians, physician assistants, advanced practice registered nurses, chiropractors, and dentists) Rely on voluntary training through the hospital association or medical associations.
Complications/Concerns	
<ul style="list-style-type: none"> Physicians argue that board certification requirements are stringent enough to replace any CE requirements by the state. However, not all physicians are board-certified. The Department of Labor and Industry may be unwilling to tinker with its fee schedules to provide incentives for treating physicians to get CE. Insurers may balk at the use of CEs (over which they have no say) to give a treating physician a waiver for certain procedures that they otherwise would be evaluating. The voluntary approach may be all that is necessary and could be tried first, with followup review. 	

Third-party Independent Review of Medical Care

Current:	Options
<ul style="list-style-type: none"> Each insurance company approaches an injured worker's medical care more from a preauthorization standpoint than a preapproved standpoint. Results range from delayed care at critical times to money saved from fewer tests or cutting-edge but not yet proven procedures. The Department of Labor and Industry is developing utilization and treatment guidelines that are aimed at moving accepted standards of care to a preauthorized approach, speeding most forms of medical care. The question that has been raised is what happens with the potentially viable but not yet proven methods. 	<ul style="list-style-type: none"> State medical director (part-time or full-time) for work comp would have the ability to be an objective third-party reviewer and contact other experts in the field on a personal basis to get information on whether proposed treatments are efficacious. The position could be funded either out of the administrative budget for work comp or out of general fund. Panels of medical professionals could be convened on a periodic basis to review disputed medical procedures.
Complications/Concerns	
<ul style="list-style-type: none"> The cost of a medical director. The time-delays in convening a panel of medical professionals plus the cost. 	