March 26, 2013

Chair Beyer, Vice Chair Starr and Members of the Committee;

I am writing this letter in opposition to SB 533. Let me begin by giving you some background on my experience with Occupational Medicine. I have been a practicing Occupational Medicine physician since 1987. During the 1990's I was the Medical Director of Occupational Medicine for the Legacy Health System. In 1999, I, along with three others, purchased the program from Legacy. At that time, we purchased three clinics. The program was then renamed Cascade Occupational Medicine Physicians, Inc. (COMPI) and rebranded. From 2000 to 2011, I was the Medical Director and CEO of COMPI. I also continued to be involved in direct patient care. During that time we grew the program to six clinics, five PT sites, an active MRO program and an onsite program. In 2011, the company was sold to Concentra Medical Centers. I am currently practicing Occupational Medicine with Concentra.

During my tenure as a medical director, CEO and owner of a very large active Occupational Medicine program, we employed both boarded physicians and mid level providers such as nurse practitioners. We focused only on providing Occupational Medicine services rather than blend our practice with other forms of medicine such as Urgent Care. It was our policy that, if a patient was still under the care of one of our providers at 10 weeks, the chart was reviewed to determine why the patient was still being treated. A treatment plan was then recommended to the provider. If the care of the injured work reached 12 weeks it was personally reviewed by me and a treatment plan was implemented and/or the patient was transferred to a higher level of care such as a physiatrist. Having said that, we rarely had patients reach the 10-week mark let alone the 12-week mark. It is difficult for me to understand why, if a nurse practitioner has not effectively treated the patient in 90 days, one would want to allow them an additional 90 to "finish treatment". That level of extended care is well beyond what we expected from physicians trained in Occupational Medicine, let alone a mid level provider with significantly less training.

Recognizing the above, I understand the difficulty confronting one in finding a physician willing to take on the care of an injured worker especially east of the Cascades where Occupational Medicine physicians are as rare as hen's teeth. I also recognize the importance of maintaining the relationship between the patient and the provider. However, the desire to maintain that relationship does not mitigate the responsibility of the provider to treat that patient in the most appropriate manner possible. I also recognize the old paradigm of having to physically bringing the patient and the provider together sometimes requiring hours of travel on the part of the patient or provider to accomplish that goal. However, I believe that with new technologies such as Skyping or telemedicine, the necessity of both patient and provider being in the same place no longer exists. For example and in my opinion, a very reasonable alternative would be to establish a list of competent Occupational Medicine physicians, physiatrists and selected specialists who would be willing to become an advisor for the mid level provider treating these patients and use some of our current technology to bring the

physician to the patient and not have the patient drive several hours to see the physician. Using telemedicine or Skyping, the mid level provider could and should be available during a scheduled "consult" via Skype or telemedicine to perform any "hands on" exam needed by the consulting physician. Once the consultation was completed the physician and the nurse practitioner could then agree upon a treatment plan to insure that the injured worker is progressing in his or her treatment. Using this technique, one would have the provider with experience and training help the mid level in treating these often complex patients. This system would effectively have the patient evaluated at 90 days by a physician with experience in Occupational Medicine and provide appropriate guidance to the treating nurse practitioner. The physician could then become the "attending physician" still allowing the mid level to continue treating the patient, preserving the patient provider relationship. Again, using this type of format would not require a change in the time a nurse practitioner can care for a patient.

In my opinion, SB 533 does not solve any problems, rather simply extend the problem to 180 days. My question, if this new deadline is established, is what do you do with the patient the mid level is treating at 181st day. In all likelihood and in my experience, the patient being treated at 90 days will still be in the system at 180, now simply more complicated and more expensive to treat.

Sincerely yours,

John R. Braddock, M.D., F.A.C.E.P.
Clinic Medical Director
Concentra Medical Centers