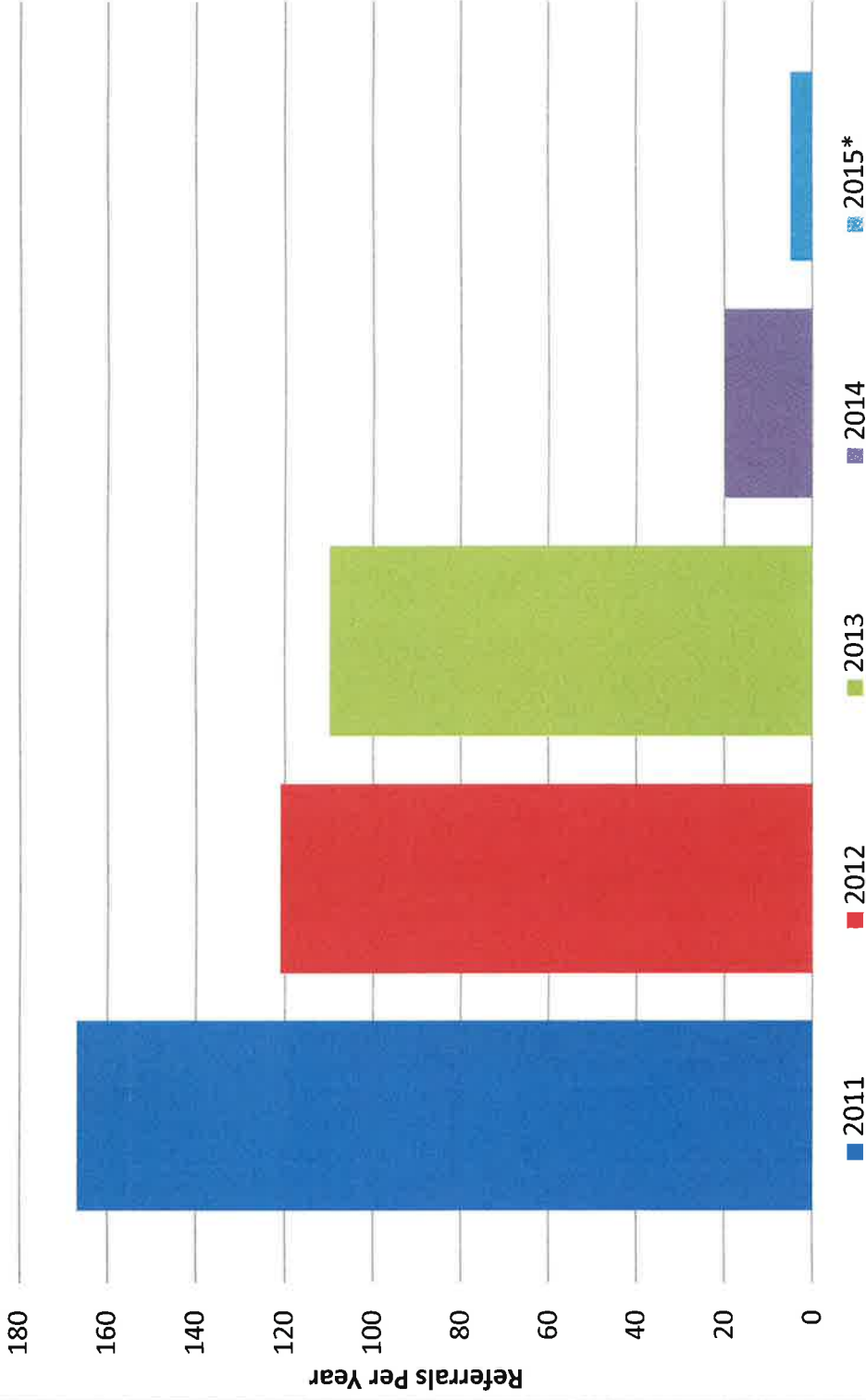


One Doctor's Referral Pattern



This shows the number of patient referrals per year. The Doctor's contract with the hospital began January 2014. The national average is approximately 10 visits per referral. This reflects ten times the loss in earnings to the chart above. Multiply the number of doctors making changes to their referral patterns and it will negatively impact all private practices and the way they operate. By denying consumers choice it hurts small businesses and increases the cost of healthcare.

*Please note 2015 is simply year-to-date but is following the same pattern as 2014.

To the House Health Care Committee,

I experienced an on the job injury in March of 2014. My general practitioner referred me to an occupational specialist to get an opinion. I had x-rays, and was diagnosed with low back strain. I was referred to physical therapy with instructions to attend 2 times weekly until my next doctor appointment in 1 month. They gave me one option for physical therapy which was a hospital owned facility. The specific clinic had no openings to see me unless I went to the next town, which also had a hospital owned outpatient PT facility, and it was a 2 week wait for the first visit.

I called the doctor's office back and told them the situation with not being able to get appointments. I asked if I could go to my own choice, an independent physical therapy clinic in my home town. The receptionist spoke with the physician, who said NO, that I needed to go to the hospital based PT clinic. Instruction was just to go as many times as I could before the next doctor visit.

Due to how busy they were, I was only able to schedule two visits with the PT before I had my appointment with the doctor again. I saw a different therapist both times. I felt the therapy wasn't helping, but he said to keep going.

I ended up with 22 visits and six different therapists for my care. My condition was unchanged. I still experienced severe pain in my left low back/buttock.

After that I got a 2nd opinion from a different doctor at a Spine Center. During the visit he recommended physical therapy. I told him I did not want to go back to the hospital PT where I had been, and that I wanted to go to a particular clinic I had in mind. This doctor said I could go anywhere I wanted to go. I choose the independent clinic I had wanted before and he agreed.

I called the independent clinic and got in right away. I saw the same therapist for all of my visits. The therapist started working on my left buttocks/hip with stretching, deep tissue work, and ultrasound. After 7 visits total, I was pain free. The therapist told me that scar tissue was affecting my sciatic nerve. The therapy worked well and I went back to full duty work.

The rest of the story is that I was horrified to find out that the hospital physical therapy "allowable" by my insurance company was triple the amount of the independent PT service.

I have reports on 12 of those visits that were paid by my insurance company. There were hospital PT charges of \$3009 for those 12 visits. My own insurance allowable was \$2918. For the independent clinic for the same services the allowable was later calculated to be \$984. The same services were about 3X the cost at the hospital outpatient PT clinic compared to the clinic I was eventually able to choose.

Since my worker's comp claim was initially denied, my out-of-pocket expense was far higher than it needed to be since I was forced to go to a hospital outpatient PT clinic. I was not told that my insurance allowed a much higher reimbursement rate for the hospital clinic.

Therefore I have three complaints:

- 1) My physician did not allow me to go where I wanted to go for PT services and was I was forced to go to a hospital outpatient PT clinic, where I did not improve with 22 visits.
- 2) I was NOT told that the reimbursement allowable for the hospital clinic is substantially higher, nor was I informed that it could cost me considerably more for the treatment received if the worker's comp claim was denied.
- 3) It is not good at all that I have to fight for my right to go where I want for a medical service. To argue with a physician about this sets up an adversarial relationship with the physician. I should not have to confront a doctor about my medical choices. I should be given the choice at the time of the referral.

There needs to be enforcement of my rights as a patient to choose my medical provider. I do not want to be tied to the wishes of a physician who does not respect those rights.

Signed: D.V. (full name redacted)

Date: 4/8/15