

February 4, 2020

To: The House Committee on Health Care
RE: Support for HB 4102 – Prior Authorization/UM

Chair Salinas and members of the committee,

My name is Cody Lommen. I am a physical therapist and owner of, Therapeutic Associates, a private practice Outpatient Orthopedic clinic here in the Salem area. I am here today to testify on behalf of the Oregon Physical Therapy Association and many of our patients who have been negatively affected by utilization management programs that are being used under the premise of maintaining quality of care but have instead proven to be a harmful barrier to access to care with significant implications to the health and financial well-being of the patients we serve.

A poignant example of this problem is the story of a patient that I saw several months ago. He was a generally healthy commercial electrician who presented to the clinic with shoulder pain with overhead tasks and while playing catch with his son. Upon assessment, his ROM and strength were not significantly impacted during these early stages of what was clearly a sub-acromial impingement of his rotator cuff due to hypertonus levator scapulae muscles, thoracic joint restrictions, and a general rotator cuff muscle imbalance. Basically, a simple body mechanics problems that could have been resolved with the correct treatment approach to strengthen and improve mobility.

Unfortunately, this was where the Utilization Management challenges began. Because this patient sought care before his symptoms began to significantly reduce his mobility and function, we were provided a very limited number of visits to address a wide arrange of contributing problems. When we appealed the decision, we were offered a Peer to Peer review. The “peer” was only available at times that required us to reschedule other patients’ appointments in order to accommodate the conference. This inconvenienced other patients and led to a significant delay in the patients plan of care. During our discussion, the Utilization Management employee did not seem to have a basic understanding of the intricacies of the body mechanics involved and was only focused on the findings that showed basically functional levels of ROM and strength, despite the significant impairment to the patients quality of life. After a lengthy discussion in which I provided evidence to support my original plan of care, the reviewer granted only 2 visits.

We adapted our treatment plan to meet the arbitrary restrictions but after the completion of the 2 visits the patient felt demoralized. It had taken several weeks to be provided with the token 2 visits and we were unable to implement the cohesive plan of care that we had originally established. The patient and I agreed to have him try independent management with the program we established prior to when it was clinically appropriate and discussed that he was to follow up with me as needed.

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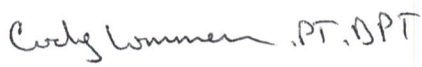
Several months later, this patient returned with an extremely disappointing story. He had tried to work on the wide range of impairments that we discussed but said that without guidance in progression of his strengthening program and between the demands of work and family life that he fell short. He began to note increasing pain and decreasing ROM but the Utilization Management tool had already done its job for the insurance to dissuade this individual from believing that returning for care would yield a different result and that we would just be able to begin before being required to abandon care. He eventually became so painful that he began to limit the motion of his shoulder and his PCP referred him to an orthopedic surgeon who determined that his altered shoulder mechanics had caused him to develop a rotator cuff tear. The lack of proper strength and mobility severely limited the outcomes from the surgery despite the effort and expertise of the surgeon. This required a significant amount of time off from work, strain on his personal life, and limited ability to spend quality time with his son. This strain and expensive surgery could have likely been prevented had we been allowed to complete a plan of care that allowed for gradual strengthening to improve mobility and function in his shoulder.

This patient was failed by a system that has allowed for arbitrary utilization management systems that do not take expertise judgement into consideration but rather create unnecessary barriers to care. I support HB 4102 in order to improve transparency so that patients are aware of the review requirements, to improve efficiency with improved appeal processes and electronic submission of data required to make a determination, and improve fairness with evidence-based guidelines supporting any determination made by the reviewer. Our patients deserve excellent care. These arbitrary delays and the administrative burden of compliance with the prior authorization programs make it increasingly difficult to provide improved outcomes at lower costs.

Thank you for your time and please consider HB 4102 as a small step in improving patient care by allowing healthcare experts to do what we do best, which is help people who need assistance and are being lost in a system designed to place profits over quality care.

Please vote yes on HB 4102.

Regards,


Cody Lommen, PT, DPT

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