

Report Usage "Dos and Don'ts"

Please be careful when making judgments and drawing conclusions from these reports. They are primarily designed to give direct feedback of objective data to our physician partners. Also consider the sample size. As in many endeavors, past results do not guarantee future performance. Please view the information in this report holistically, rather than focusing on any single value out of context. Here are some suggestions, by report section:

Current Bills

- ▶ Use the number of bills, patients and dollars as a measure of practice volume. Do not use those values to judge whether a provider "does too much" or "does too little."
- ▶ A practice that is significantly larger or smaller than the peer group average may not be comparable to that average.
- ▶ Average services rates provide the best comparison values as these should be most comparable to peer group values.

Current Claims

- ▶ Use this section to determine the types of claims a provider treats. Are they largely acute cases or chronic cases?
- ▶ Look at median days from DOI to initial treatment and median treatment duration as a linked pair. Providers who predominantly see acute cases also typically have short treatment durations. Conversely, providers who typically first treat cases long after the injury are probably treating complex cases. As such, one would also expect to see longer treatment durations.

Medical

- ▶ Use these sections to determine the types of claims a provider treats. Are these minor or complex injuries?
- ▶ Use these sections to compare treatment intensity (i.e., services per claim and prescription units per claim) to values in the peer group. Do not overlook the impact of treatment duration on these values: one should expect a provider with long treatment durations to show more treatments per claim.
- ▶ Use these sections to determine how appropriate the peer group comparison might be. BWC currently uses only board certifications to determine specialty. However, a provider may not have a listed specialty and yet display a practice pattern that clearly implies a specialty.
- ▶ Be aware that the number of prescriptions does not necessarily equate to the amount of medicine prescribed. For example, a pain specialist may write a prescription for only one or two pills to ease their patients' anxiety prior to an outpatient procedure. The column labeled "Avg Units" denotes the average number of units (typically pills) per claim, regardless of the number of prescriptions actually written.

Outcomes

- ▶ Consider the relationships between the different RTW rates. Ideally, a provider's RTW rate should trend upward following initial treatment.
- ▶ Look at the RTW rates, days absent and medical cost in relationship to the injury mix. One would expect a provider who treats complex injuries to have lower RTW rates, higher days absent and higher costs.