

July 9, 2015

Dear North Carolina Medical Society member,

As of July 1, physicians serving workers' compensation patients have new payment rates for the first time in 20 years. This result was years in the making and is owed to the perseverance of the North Carolina Medical Society.

The Commission's adoption of new rates is by itself a huge accomplishment. It also came not a moment too soon – reports of sick and injured workers unable to find doctors were becoming common, resulting in delayed care and more time out of work.

I want to explain what these changes mean. Under this fee schedule, the average payment rate will leap from 110 percent of Medicare to 150 percent. Our rates will finally look competitive when compared to those in other states. Of the 43 states with fee schedules, we estimate this deal will propel North Carolina from our current position of 41st into the top 20. Most importantly, the changes will inspire more physician participation in the system and improve access for injured workers.

To get significant gains required some concessions, primarily in the areas of major surgical procedures and advanced diagnostic imaging studies. Our WC Fee Schedule Task Force – six physicians of diverse specialties who represented the NCMS in the negotiations – did not take this lightly. They thoroughly debated the prospect of reductions, explored every possible alternative, and considered the impact from the perspective of every affected specialty. They eventually made the difficult decision to accept some reductions in the short term, knowing that the revised rates in surgery and radiology would remain competitive with the commercial market, would be set at the highest percentage of Medicare available in the new fee schedule, and may be offset by rate increases secured for other services.

This was the right decision, and it earned the support of NCMS leadership and eleven state specialty societies. In the end, your Medical Society helped craft an arrangement that eliminated historic inequities in professional payment rates, placed the fee schedule on a solid foundation for the future, and successfully brought the House of Medicine together. As Dr. Richard Bruch, an orthopedic surgeon who has worked on the fee schedule for many years, said: "In this effort, any one specialty society could not have achieved what we achieved working together." It is a result we should all be proud of.

Finally, I want you to know that this work on behalf of the profession was only possible because of our members and the support they provide. Thank you for your ongoing membership and commitment to providing leadership in medicine.

Sincerely,

Robert E. Schaaf, MD, FACR

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President, North Carolina Medical Society

P.S. There are many other positive aspects about the fee schedule that physicians and medical practices should know. I encourage each of you to visit www.ncmedsoc.org/advocacy/workers-comp/ to watch a short video and to learn more about NCMS's exciting work in this area of health care.