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Injured Workers' Access to Medical Provider Network (MPN) Physicians in the San Joaquin Valley

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SUMMARY

Access to prompt medical care is vital for the health and well-being of injured workers, regardless of where they live. From 2010 to 2022 the San Joaquin Valley region¹ had the fourth-highest reported injuries in California, with 11 percent of all reported injuries occurring in the San Joaquin Valley alone (Division of Workers Compensation 2023).

What does access to care look like for injured workers in California's San Joaquin Valley? This brief provides an overview of some of the barriers workers face in reaching a provider to treat their injuries including a snapshot of the shortage of physicians and specialists in the region. Findings indicate the increasing need for flexible access to the nearest suitable medical care provider for injured workers.

KEY FINDINGS

1. The San Joaquin Valley had the fourth-highest reported injuries in California from 2010 to 2022, with 11 percent of all reported injuries occurring in the region (Division of Workers' Compensation, 2023).
2. The region has just six percent of all California medical doctors, highlighting a physician shortage (Coffman et al., 2021).
3. The San Joaquin Valley has the second lowest rate of primary care physicians and the lowest rate of specialists among all regions in California (Coffman et al., 2021).
4. Injured workers in rural areas travel up to three times longer distances for their initial treatment compared to those in urban areas (CWCI, 2022).

WORKERS COMPENSATION AND MEDICAL PROVIDER NETWORKS

California Workers' Compensation law requires employers to provide and pay for medical treatment when a worker is injured at work. California employers designate a group of healthcare providers to treat injured employees, called Medical Provider Networks (MPNs). After their initial medical evaluation, employees have a choice of providers within their designated MPN.

Physicians apply to be in an MPN and are approved at the discretion of each MPN (Division of Workers Compensation, n.d.). However, MPN doctor lists may not reflect

¹ The San Joaquin Valley region includes the counties of Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare.

physician availability or willingness to treat injured workers. Using a subsample of five MPNs and 212 providers, the California Applicants' Attorneys Association (CAAA, 2017) documents some of the barriers injured workers experience when attempting to see a provider within their assigned MPN, even with an attorney.² Within their sample, only five percent of provider offices initially agreed to see a patient after an attorney's request. Comparatively, in over 60 percent of instances, MPN providers refused or delayed treating injured workers.

ACCESS TO TIMELY CARE

One way of assessing access to timely care is to consider the average time between workers' injuries and their treatment. This data, particularly at the regional level, is not publicly available. However, medical provider payment data provides some hints about access to care in the San Joaquin Valley in comparison to other regions. Data from the Industry Research Information System (IRIS) maintained by the California Workers' Compensation Institute (CWCI) arguably provides a proxy for the receipt of services through their Claims Monitoring Application (CMA). The CMA provides regional estimates of average paid medical claims³ in seven California regions, including their expanded "Valleys" region (Fresno, Butte, Colusa, Glenn, Kern, Kings, Lake, Madera, Merced, Sacramento, San Benito, San Joaquin, Solano, Stanislaus, Sutter, Tulare, Yolo, and Yuba counties).

In 2023, the average paid medical claim in the Valleys within all industries and all claims at a three-month mark was \$1,364. This total is nearly \$1,000 less than the comparable average paid medical claim in

the North Counties/ Sierra region totaling \$2,145 (See Table 1).⁴ The only region besides the Valleys that had a lower average paid medical claim amount is the Central Coast, a region that coincidentally has the lowest number of medical doctors in the state (Coffman et al., 2021). We suspect that if the eight San Joaquin Valley counties were decoupled from the larger CWCI compilation of the "Valleys," which includes Sacramento County, the total average paid medical claim would be lower considering the San Joaquin Valley's rural geographical constraints around access to care.

Table 1. Average Paid Medical Claims, 2023

Region	Payments at 3 Months
Valleys	\$1,364
Central Coast	\$1,344
Inland Empire/ Orange County	\$1,526
Bay Area	\$1,552
Los Angeles	\$1,584
San Diego	\$1,678
North Counties/Sierra	\$2,145

Source: UC Merced Community and Labor Center compilation of California Workers' Compensation Institute Claims Monitoring Interactive Tool, Industry Research Information System (IRIS) Database.

Moreover, a recent CWCI study using a proprietary database of over 1.5 million work injury claims from 2010 to 2020 provides some statewide insights around injured worker wait times to see a provider (Jones and Swedlow, 2022). Researchers find that while the median wait time for an initial "Evaluation & Management"⁵ visit for a worker's injury is 4.1 to 5.2 days statewide, the median wait time for the first "Physical Medicine"⁶ visit during the 11-

² From 2010 to 2023, just 18.4% of injured workers in the Valleys region had an attorney, compared to 33.2 % in Los Angeles (California Workers' Compensation Institute Scorecard, 2023).

³ Including "medical treatment, drugs, durable medical equipment (DME), Medical-legal services and medical cost containment payments classified as medical payment (e.g. medical case management)." Data and Methods, CWCI.

⁴ Including Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Sierra, Tuolumne, Shasta, Del Norte, Humboldt, Lassen, Modoc, Plumas, Siskiyou, Tehama and Trinity counties.

⁵ Excluding emergency department and inpatient hospital services.

⁶ Including physical therapy, chiropractic and acupuncture.

year study period ranged anywhere from 15 to 37.5 days. More advanced surgical procedures or injections took a median of 28 days between an employer’s notification of injury to the delivery of these procedures. Notably, injured workers located in rural areas comprised on average just 8 percent of their database across the study period. Further, without a rural regional analysis, this data cannot paint a clear picture regarding timely access to treatment for injured workers in the San Joaquin Valley who have a more limited supply of doctors in comparison to other California regions.

In terms of travel time, within the same study, authors find that **patients living in rural areas of California on average traveled up to three times longer to their initial injury treatment.** In urban areas, injured workers on average traveled 4 to 4.4 miles to their initial treatment (2010 to 2020). In comparison, injured workers living in rural areas traveled 11 to 12.6 miles to their initial treatment. This travel analysis does not encompass the closure of Madera Community Hospital in 2023, which leaves injured workers with one less option for treatment in the San Joaquin Valley (Gomez and Fry 2023).

MEDICAL PROVIDERS IN THE SAN JOAQUIN VALLEY

The number of medical providers in the San Joaquin Valley is staggeringly lower than other California regions, decreasing the pool of providers who could potentially join an MPN to treat injured workers. The San Joaquin Valley is home to just six percent of all practicing physicians in California, in comparison to 28 percent in the Greater Bay Area (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma counties) and 27 percent in Los Angeles County (Coffman et al., 2021). As alluded to earlier, the only region with a lower percentage (5 percent) of all physicians in the state is the Central Coast region (Monterey, San Benito, San

Luis Obispo, Santa Barbara, Santa Cruz, and Ventura counties).

An additional consideration is that less than half of California’s physicians provide patient care full time (40 hours or more per week), which means that providers’ presence in the region does not necessarily reflect their availability to treat workers. Solely considering physicians who were practicing more than 20 hours a week in the San Joaquin Valley region in 2020, **the number of doctors in the region was only 5,468 for a population of over 4.3 million (Coffman et al., 2021).** In Kings County, there were 123 physicians for a population of over 152,000 in 2020. Within the same timeframe in San Joaquin County, there were 1,041 physicians for a population of over 779,000 or 1 physician for every 779 people (Coffman et al., 2021, Appendix C) (See Table 2).

Table 2. Number of Medical Doctors Practicing More than 20 hours a Week and Total Population by County, 2020

County	# of MDs	Total Population
Kings	123	152,486
Merced	188	281,202
Madera	248	156,255
Tulare	448	473,117
Stanislaus	920	552,878
Kern	996	909,235
San Joaquin	1,041	779,233
Fresno	1,504	1,008,654
Total		5,468
		4.31 million

Source: UC Merced Community and Labor Center compilation of data from the “California Physicians: A Portrait of Practice,” Coffman et al. 2021, Appendix C and U.S. Census 2020.

The San Joaquin Valley also has the lowest rate of specialists in any California region according to recent estimates from the U.S. Department of Health and Human Services (Coffman et al., 2021, p 8). Specialists are physicians whose primary specialty is not considered primary care. Among these areas include emergency medicine,

radiology, cardiology, orthopedic surgery, and more. In 2020, while there were 131 specialists per 100,000 people living in California at large, the San Joaquin Valley region only had 81 specialists per 100,000 people living in the region. In comparison, the Greater Bay Area region had 173 specialists per 100,000 people. During the same timeframe, the San Joaquin Valley region also had the second lowest ratio of primary care physicians (47 per 100,000) of all regions in the state. In rural areas, there is often an over-reliance of primary care physicians due to the limited supply of specialists. Thus, having a shortage of both primary care physicians and specialists makes it increasingly important for injured workers to have flexibility about accessing providers.

CONCLUSION

Injured workers experience barriers to accessing medical care including, but not limited to, refusals and delays among MPN doctors and the limited supply of physicians and specialists. In the San Joaquin Valley, these factors call for the need for increasingly flexible access to the nearest suitable medical provider and support for injured workers to navigate the process of finding a provider.

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