



Workers' Compensation
**Research &
Evaluation Group**

2024

Access to Care

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Executive summary

One of the primary goals of an effective workers' compensation system is to ensure that employees with work-related injuries receive timely and appropriate medical treatment. In a healthy workers' compensation system, health care should be easily accessible, prompt, and appropriate. This report measures the availability of care by the rate of physician participation in treating work-related injuries and the rate of physician retention from 2017 to 2022. This report also measures the accessibility of care by the timeliness of first non-emergency medical treatment.

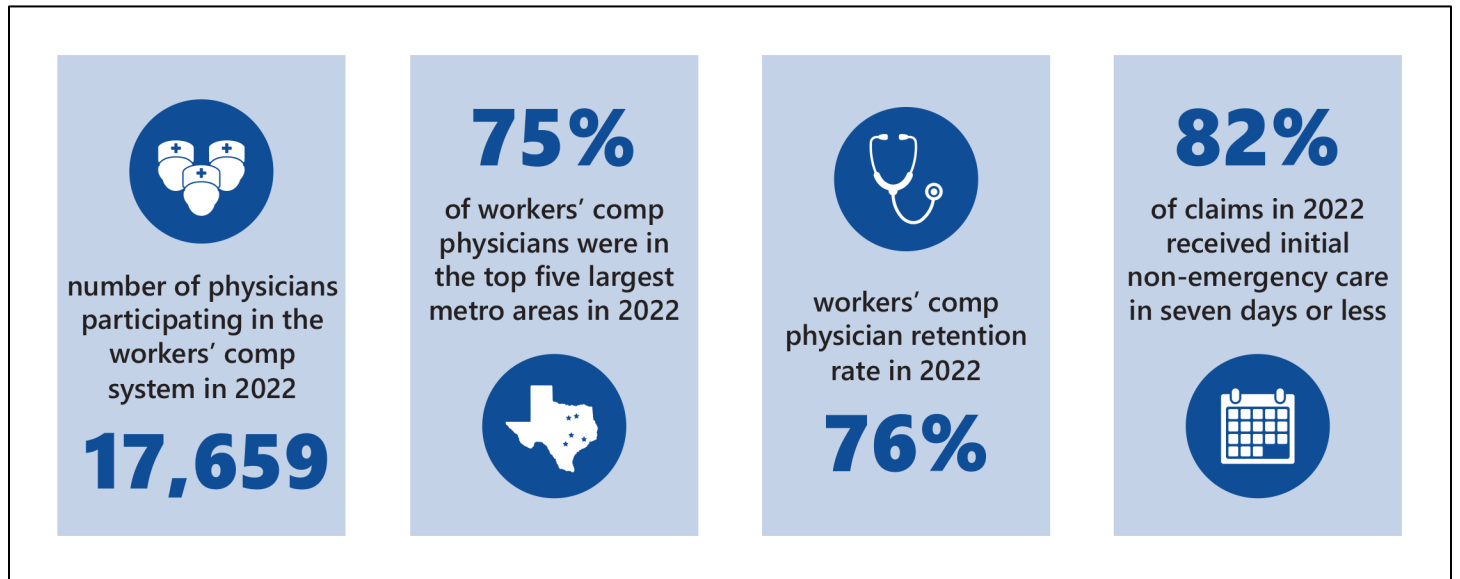
Participation rates. The total number of active physicians in Texas increased at an annual rate of 2.6% between 2017 and 2022. The total number of workers' compensation participating physicians remained relatively stable in 2022 (17,659), resulting in a decreasing participation rate.

Physician retention. Overall, the workers' compensation participating physician retention rate was high and relatively stable: 79% in 2017 and 76% in 2022.

Access to medical care by geographical area. In 2022, 79% of active physicians in Texas practiced in the five largest metro areas. Seventy-five percent of workers' compensation participating physicians were in the largest metro areas.

Timeliness of care. About 82% of claims received initial non-emergency care in seven days or less in injury year 2022, down from 84% in 2017. The share of claims receiving same-day treatment decreased from 44% in injury year 2017 to 41% in 2022, including a slight dip from 45% in 2019 to 41% in 2020 possibly due to COVID-19.

Key findings



Introduction

REG conducted an extensive study of the availability and participation of treating health care providers in the workers' compensation system and evaluated the timeliness of medical care. Covering the period of injury years 2017 to 2022, the study's results indicate that access to care conditions for workers' compensation patients in Texas have improved, but some access challenges exist.

Key measures for access to medical care

1. **Active physicians** are defined as licensed physicians (doctor of medicine [MD] and doctor of osteopathy [DO]) licensed by Texas Medical Board (TMB) whose license registration is active, who practice in Texas, and are direct patient care physicians. These physicians exclude those who work at military and Veterans Affairs (VA) hospitals or those who hold teaching, administration, and research positions. This data is a snapshot at the end of a year but does not provide dates denoting intra-year changes in the registration status. As a result, some physicians may not be matched.
2. **Participating physicians** are active physicians (MDs/DOs) who have workers' compensation medical bills for one or more patients (claims) for that year.
3. **Participation rate** is defined as the number of participating physicians divided by the total number of active physicians in Texas.
4. **Participating health care providers** include participating physicians, out-of-state physicians, military physicians, non-direct patient care physicians, doctors of chiropractic (DCs), physician assistants (PAs), and advanced practice registered nurses (APRNs), who have workers' compensation medical bills for one or more patients (claims) for that year.
5. **Top 20% participating physicians** are those who are in the top 20th percentile in terms of the number of patients treated each year.
6. **Geographical area** is defined by using hospital referral regions (HRRs) developed by the *Dartmouth Atlas of Healthcare* project. This project provides comprehensive information on the efficiency and effectiveness of the healthcare system.
7. **Year-to-year (consecutive) retention rate** is the percentage of a prior year's workers' compensation participating physicians who also participate in the following year. This measure is calculated separately for each year.
8. **Cumulative retention rate** is calculated by following one year's participants in all subsequent years.
9. **Timeliness of care** is measured by the number of days from the date of injury to the first non-emergency treatment (first visit to a physician or other health care provider). Medical service data for timeliness is analyzed only for the first six months after an injury.

Data sources

This report uses the following datasets:

- **DWC medical data.** This data collection has about 100 medical data elements, including billing and payment information, service date, physician license number, patient ZIP codes, treatment codes (CPT codes), and diagnostic codes (ICD-10 codes) for each injured employee.
- **TMB's annual list of physicians.** This data file is an annual snapshot of TMB's real-time registry of licensed physicians.

- **Dartmouth Atlas Healthcare project HRR ZIP code boundary data.** A patient's location is based on the ZIP code in the medical bills. For physicians, the practice location in the TMB list is used.

Methodological notes

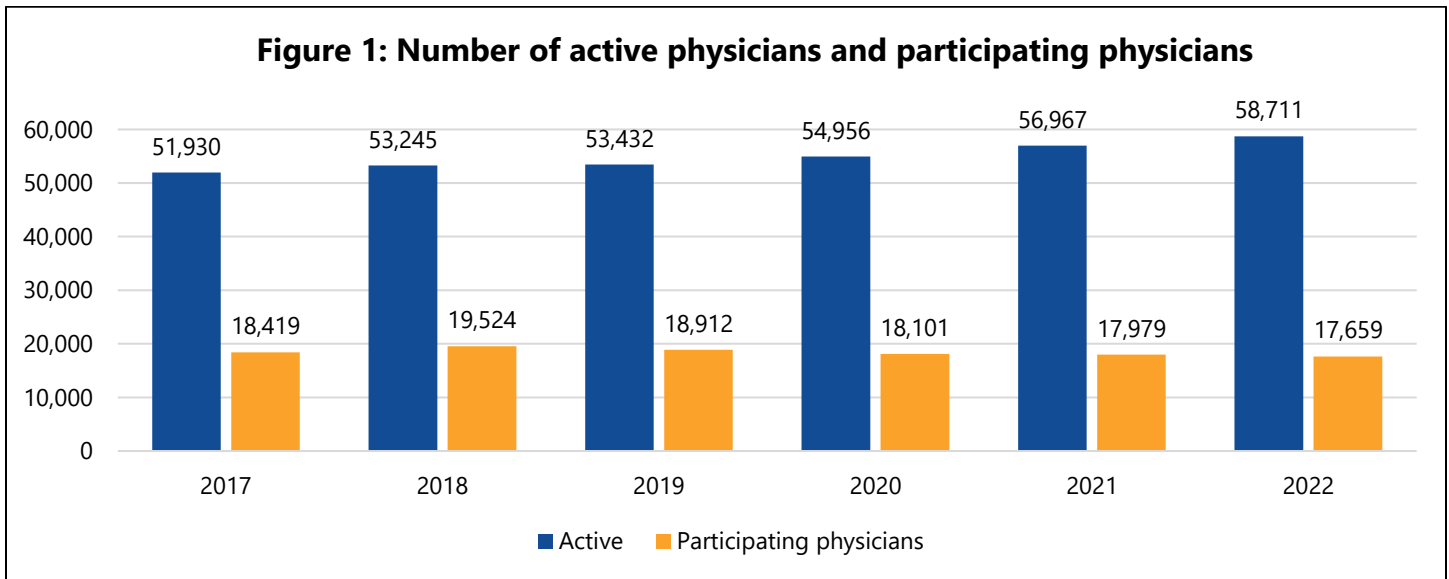
This study focuses mainly on the access to physicians (MDs/DOs) who accounted for the highest percentage of participating health care providers at initial treatment after injury. Non-physician participating health care providers tend not to be the first provider of choice for non-emergency visits. However, there are some injured employees whose first visit may include non-physicians such as DCs, and increasingly PAs and APRNs. This report extends the analysis into non-physician participating health care providers. The specialty of each physician is based on the primary specialty specified in the TMB list.

Participation in the System

Number of active physicians and number of participating physicians

This measure shows the total number of active physicians licensed by TMB and the number of physicians participating in the Texas workers' compensation system (Figure 1). The number of active physicians in Texas increased 13%, from 51,930 in 2017 to 58,711 in 2022. Out of the 58,711 active physicians in 2022, 30% (or 17,659) treated workers' compensation patients. The number of participating physicians has decreased 4% since 2017.

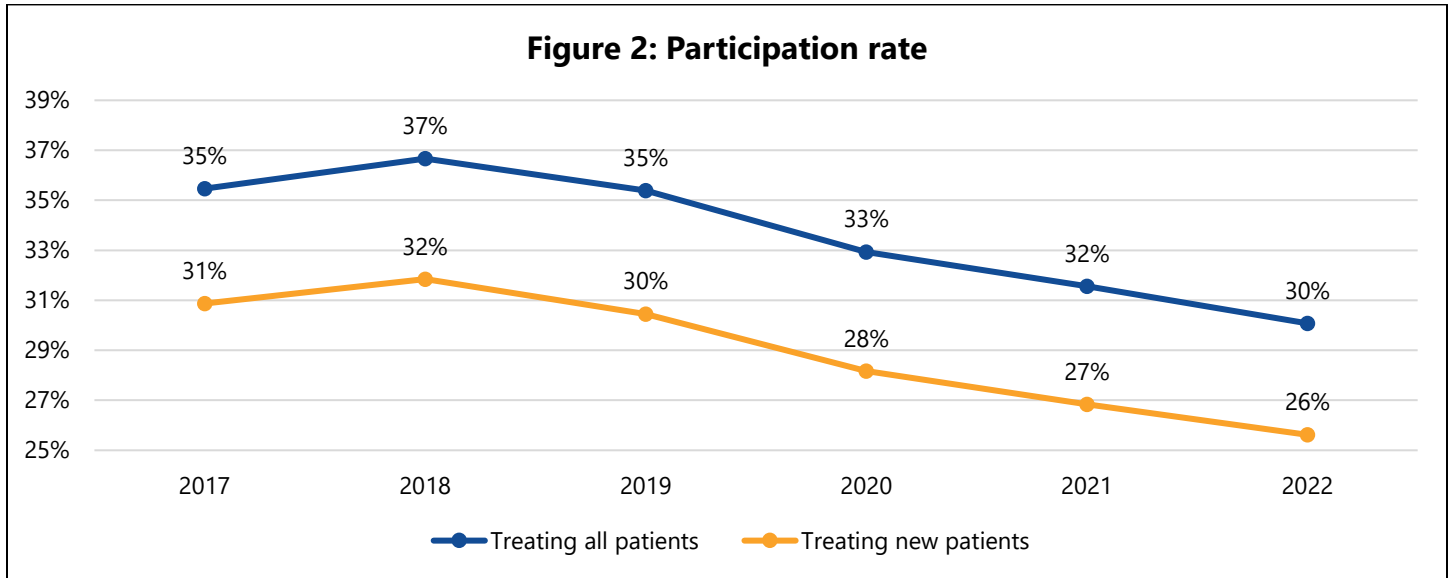
The decreasing physician participation rate does not necessarily indicate a worsening access to care condition for workers' compensation, and may be due to an increasing presence of active physicians and other health care providers like PAs and APRNs.



Note: "Active" refers to the total number of active physicians licensed by TMB. "Participating physicians" refers to the number of participating physicians who billed at least one service in a given service year according to the workers' compensation medical billing data. See Page 1 for definitions.

Source: Workers' Compensation Research and Evaluation Group, 2024.

The participation rate has steadily decreased since 2018, primarily due to the increasing number of active physicians in Texas relative to the participating physicians. Out of the 30% of active physicians that participated in 2022, 26% of them treated new patients and about 4% treated only established patients from previous injury years (Figure 2).



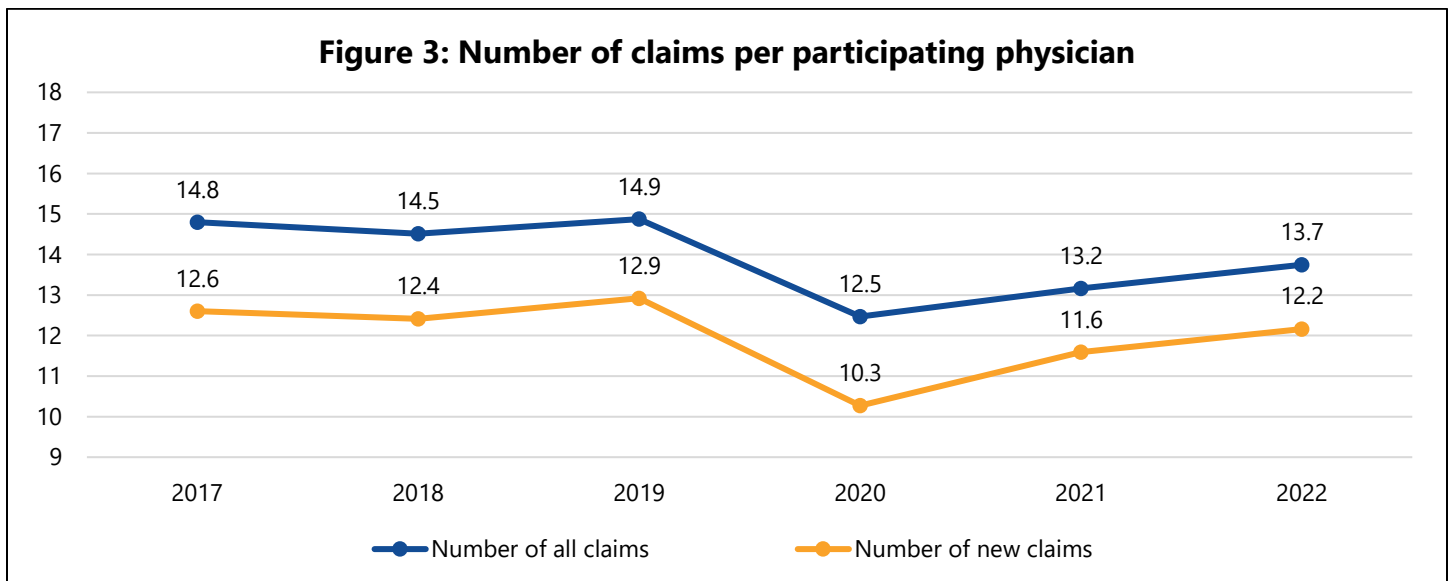
Note: The participation rate is the number of participating physicians divided by the number of active physicians in Texas. "Treating all patients" considers physicians treating new and old injuries based on the service year. "Treating new patients" considers physicians treating at least one new workers' compensation claim in the service year.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Number of claims per participating physician

The average number of all workers' compensation claims per participating physician decreased by 7%, from 14.8 claims per physician in 2017 to 13.7 in 2022 (Figure 3). Likewise, the average number of new workers' compensation claims per physician decreased 3%, from 12.6 to 12.2 in the same period.

The decrease in the number of claims per participating physician does not necessarily indicate a worsening access to care condition because the number of patients (claims) in the workers' compensation system decreased significantly, 10%, from 2017 to 2022 (Table 1). The number of patients per participating physician saw a significant dip in 2020, possibly due to COVID-19 (Figure 3).



Source: Workers' Compensation Research and Evaluation Group, 2024.

Table 1: Number of claims		
Service year	Number of all claims	Number of new claims
2017	273,328	202,406
2018	283,310	210,480
2019	281,271	210,263
2020	225,696	159,007
2021	236,614	177,217
2022	242,751	182,955

Source: Workers' Compensation Research and Evaluation Group, 2024.

Number of participating health care providers

Participating physicians were identified using TMB's list of licensed, active, and direct patient care physicians in Texas. Excluded from that list were many health care providers who treated and billed for services for workers' compensation patients. Actual billing data shows that out-of-state physicians, military physicians and non-direct patient care physicians, DCs, PAs, and APRNs also treat and bill for workers' compensation patients.

The number of health care providers participating in workers' compensation increased slightly since 2017, from 31,681 to 31,960 (Table 2). Out-of-state, military and non-direct patient care MDs/DOs and APRNs also saw

increases of 28% and 5%, respectively. Participating MDs/DOs, DCs, and PAs saw decreases of 4%, 42%, and 10%.

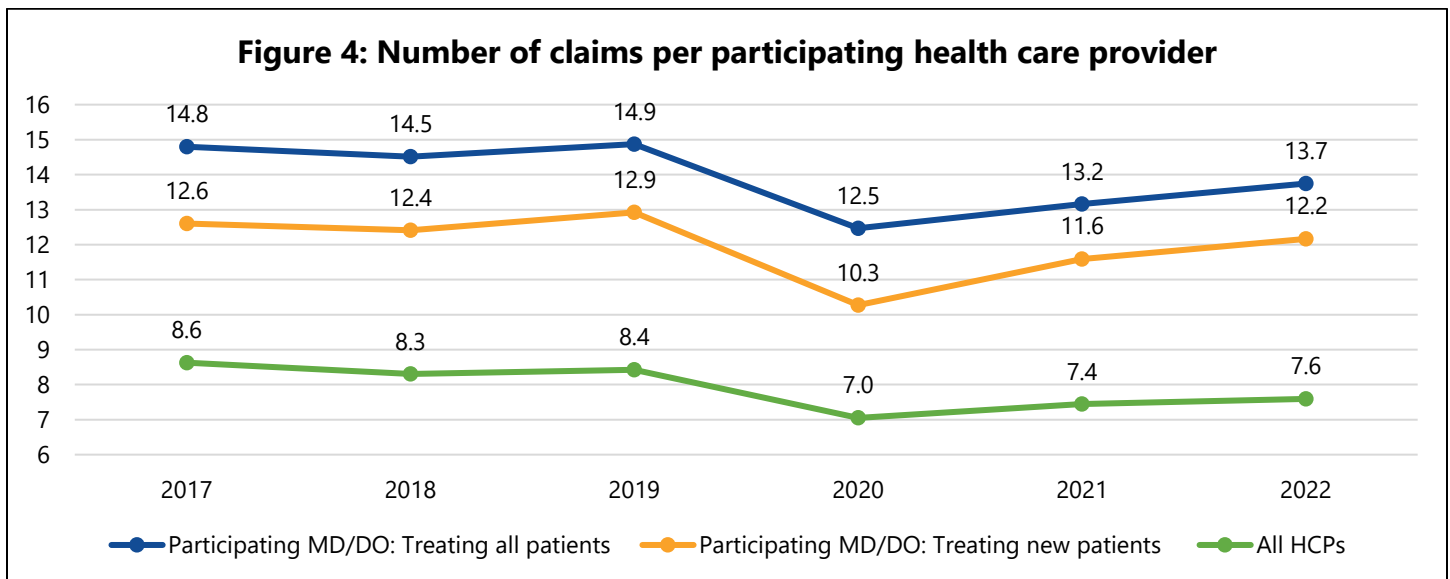
Table 2: Number of participating health care providers						
Service year	Participating MD/DO	Other billing MD/DO	DC	PA	APRN	Total
2017	18,419	5,849	1,312	2,527	3,574	31,681
2018	19,524	6,990	1,188	2,081	4,337	34,120
2019	18,912	6,684	1,107	2,164	4,539	33,406
2020	18,101	6,943	902	2,035	4,033	32,014
2021	17,979	6,949	842	2,167	3,839	31,776
2022	17,659	7,510	760	2,280	3,751	31,960

Note: "Other billing MD/DO" includes out-of-state physicians and those who are in the military or non-direct patient care physicians but submitted one or more workers' compensation bills.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Number of claims per participating health care provider

The number of claims per participating health care provider has decreased since 2017, from 8.6 to 7.6 in 2022, with a significant dip in 2020, again possibly due to COVID-19 (Figure 4).

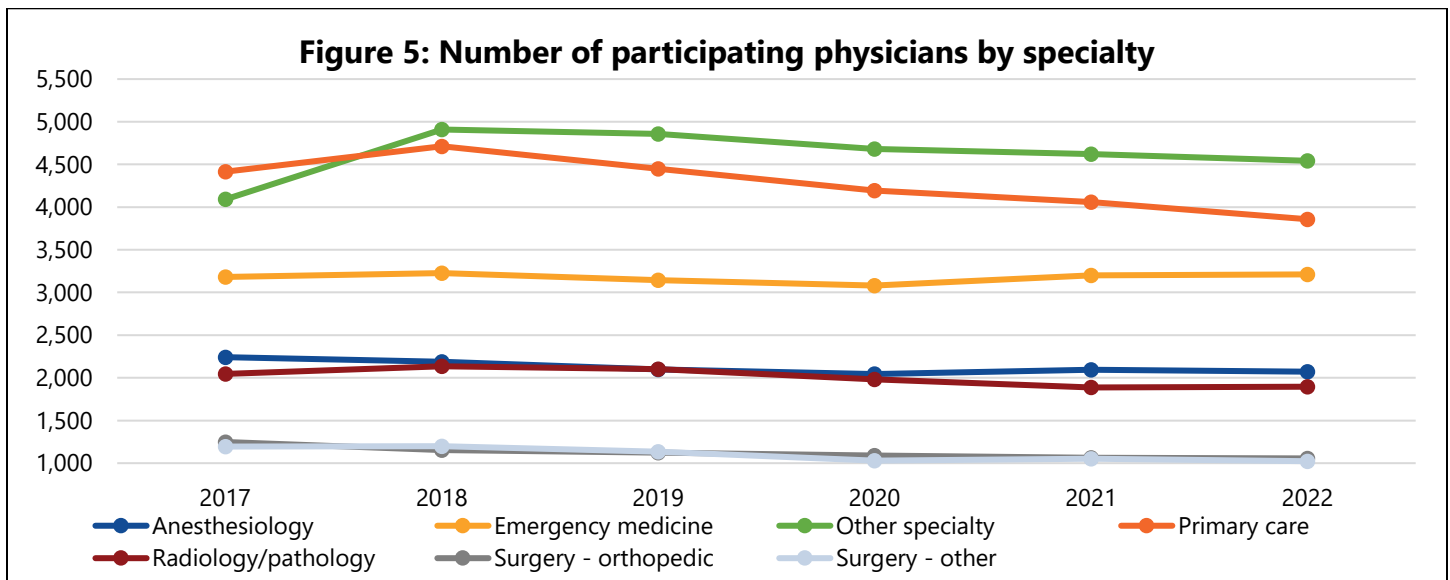


Note: Numbers of MD/DOs are reproduced from Figure 3 for comparison.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Number of participating physicians by specialty

The number of primary care physicians participating in workers' compensation decreased by 13% since 2017, from 4,415 to 3,858 (Figure 5). Orthopedic surgery, radiology/pathology, and anesthesiology also saw decreases, at 15%, 7%, and 8%, respectively. Notably, other specialty, which includes physical medicine & rehabilitation, cardiovascular diseases, neurology, hospitalist and ophthalmology saw a significant increase of 11%, from 4,091 in 2017 to 4,542 in 2022.



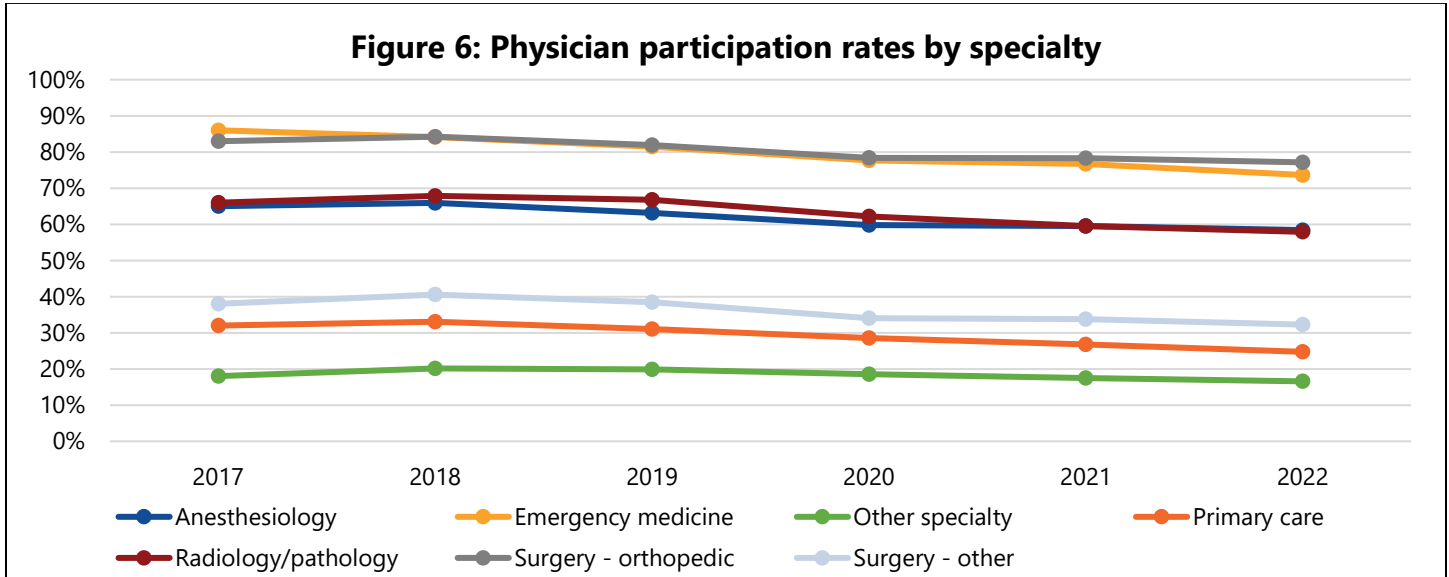
Note: "Other specialty" includes physical medicine & rehabilitation, cardiovascular diseases, neurology, hospitalist and ophthalmology.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Physician participation rates by specialty

Physician participation rates by specialty show decreases since 2017, but this results mainly from the increasing total number of licensed physicians (Figure 6). The participation rate of primary care physicians decreased 22% during the study period. This decrease is somewhat compensated for by the increasing participation of other specialties since 2017.

Over 70% of active orthopedic and emergency medicine physicians participated in workers' compensation in all the study years (Figure 6). Participation rates of anesthesiology and radiology/pathology specialties were also relatively high. Because physicians in other specialties include specialties that are least likely to treat work-related injuries such as OB/GYN and pediatrics, they have the lowest participation rate during the studied period.

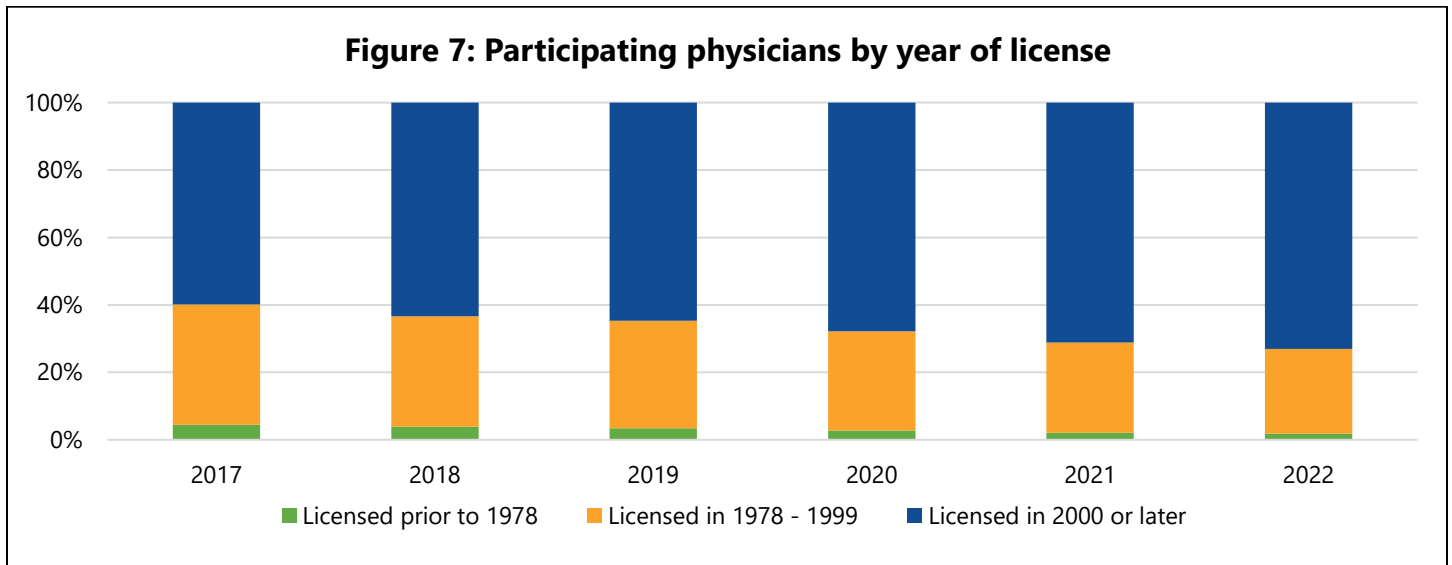


Note: "Other specialty" includes physical medicine & rehabilitation, cardiovascular diseases, neurology, hospitalist and ophthalmology.
 Source: Workers' Compensation Research and Evaluation Group, 2024.

Participating physicians by year of license

This measure shows that participating physicians (MDs/DOs) exit and enter the workers' compensation market continuously, and that the main dynamics of such changes are the natural process of licensing, practice changes, aging, and retirement. Between 2017 and 2022, 2,633 physicians who were licensed in 1999 or earlier exited the industry while 1,873 new licensees entered it – resulting in a net loss of 760 physicians (Figure 7).

In 2022, 2% of participating physicians were licensed before 1978, down from 4% of the total in 2017 (Figure 7). In 2017, 60% of participating physicians were licensed in 2000 or later. In 2022 they accounted for 73%.



Source: Workers' Compensation Research and Evaluation Group, 2024.

Top 20% participating physicians

Participating physicians in the top 20th percentile accounted for about 90% of the total payments to providers in 2022 (Table 3).

Service year	Number of participating physicians		Total payments	
	Top 20%	Bottom 80%	Top 20%	Bottom 80%
2017	3,751	14,668	\$229	\$34
2018	3,931	15,593	\$241	\$29
2019	3,783	15,129	\$229	\$29
2020	3,636	14,465	\$197	\$24
2021	3,619	14,361	\$212	\$24
2022	3,564	14,095	\$213	\$24

Source: Workers' Compensation Research and Evaluation Group, 2024.

To determine the geographic areas of participating physicians in Texas, data was organized using the *Dartmouth Atlas of Health Care's* Hospital Referral Regions (HRRs). These HRRs are constructed using Medicare hospitalization records and patient referral patterns, closely resembling the pattern of medical care and access.

HRRs roughly correspond to census metro areas, but HRRs are more relevant to medical care as they are constructed by patient referral patterns. There are 24 HRRs in Texas. Two HRRs that include part of Texas

(Texarkana and Shreveport) were removed from the analysis because they are primarily located in other states. Patients' and physicians' ZIP codes were recoded into HRRs. A patient's location is based on the employee mailing ZIP code in their medical bills. For participating physicians, the practice location ZIP code listed in the TMB registry was used. For service locations, facility ZIP codes were used.

Overall, the top 20% participating physicians are distributed relatively evenly across large and small metro areas (Table 4).

Table 4: Top 20% participating physicians by HRRs in selected specialties in 2022					
HRR	All	Primary care	Radiology/ pathology	Emergency medicine	Surgery - orthopedic
Abilene	45	8	10	6	13
Amarillo	67	16	17	3	14
Austin	286	58	47	8	56
Beaumont	42	6	10	3	13
Bryan	41	7	15	1	10
Corpus Christi	54	8	13	1	12
Dallas	897	186	172	52	170
El Paso	104	20	18	2	26
Fort Worth	334	51	48	27	65
Harlingen	55	26	8	0	11
Houston	760	163	154	15	128
Longview	23	2	9	2	6
Lubbock	86	20	22	2	11
McAllen	78	31	16	2	10
Odessa	74	20	16	8	9
San Angelo	24	7	9	0	4
San Antonio	360	90	61	6	56
Temple	49	6	16	6	7
Tyler	83	10	18	2	19
Victoria	23	9	4	1	4
Waco	41	7	10	14	4
Wichita Falls	20	8	8	1	3

Note: "All" includes other specialties besides the four shown above.

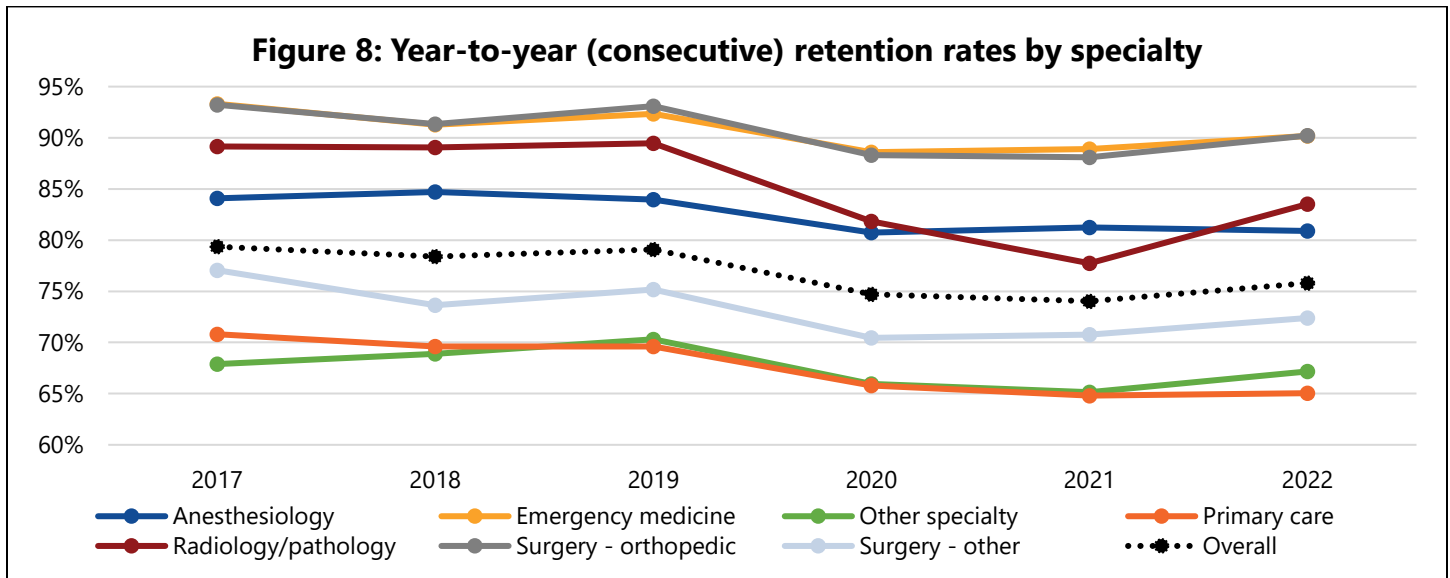
Source: Workers' Compensation Research and Evaluation Group, 2024.

Physician retention

Year-to-year (consecutive) retention rates by specialty

The consecutive retention rate is the percentage of a previous year's participating physicians who participate the following year. Overall, physicians who participated in 2016 had a 79% retention rate in 2017 (Figure 8). Among those who participated in 2021, 76% of them continued to participate in 2022. The remaining 24% who left the workers' compensation system is partly explained by normal attrition processes among physicians such as retirement, death, changes in practice type, and migration. Newly licensed and relocated physicians are entering to replace those who left.

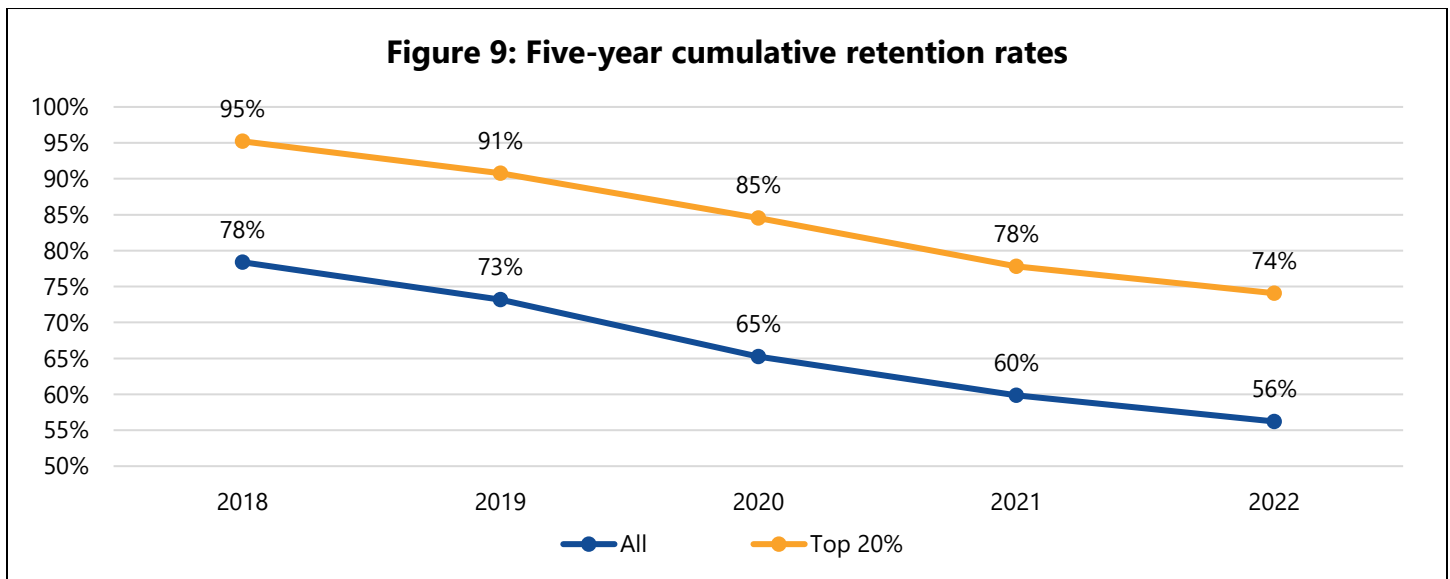
Orthopedic surgeons and emergency medicine specialists maintained the highest retention rate – above 87% each year. Retention rates for primary care, other types of surgery, and other specialties (like physical medicine & rehabilitation, cardiovascular diseases, neurology, hospitalist and ophthalmology.) were generally lower, ranging from 65%-77%.



Note: "Other specialty" includes physical medicine & rehabilitation, cardiovascular diseases, neurology, hospitalist and ophthalmology.
 Source: Workers' Compensation Research and Evaluation Group, 2024.

Five-year cumulative retention rates

The five-year cumulative retention rate is calculated by following the same participating physicians from 2017 through 2022. Overall, 56% of the physicians who had participated in 2017 still participated in 2022 (Figure 9). The annual decrease (attrition rate) remains around 6% a year. Among the top 20% of participating physicians in 2017, 74% of them were still participating in 2022, with an attrition rate of less than 6% a year. These predictable attrition rates indicate that physician participation is regular and stable in the long-term.

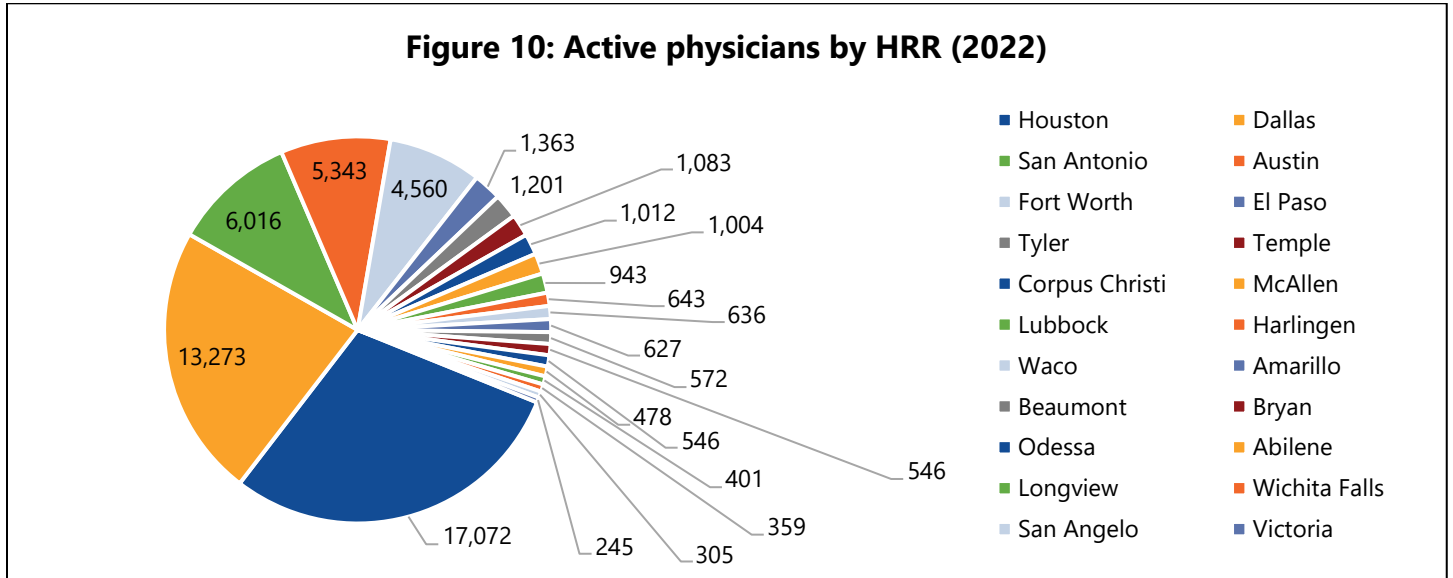


Source: Workers' Compensation Research and Evaluation Group, 2024.

Access to medical care by geographical area

Active physicians by HRR (2022)

The five largest metro areas in Texas (Houston, Dallas, San Antonio, Austin, and Fort Worth) accounted for 79% of all active physicians in 2022 (Figure 10). The largest HRR, Houston, had 17,072 active physicians in 2022 and Victoria, the smallest, had 245.



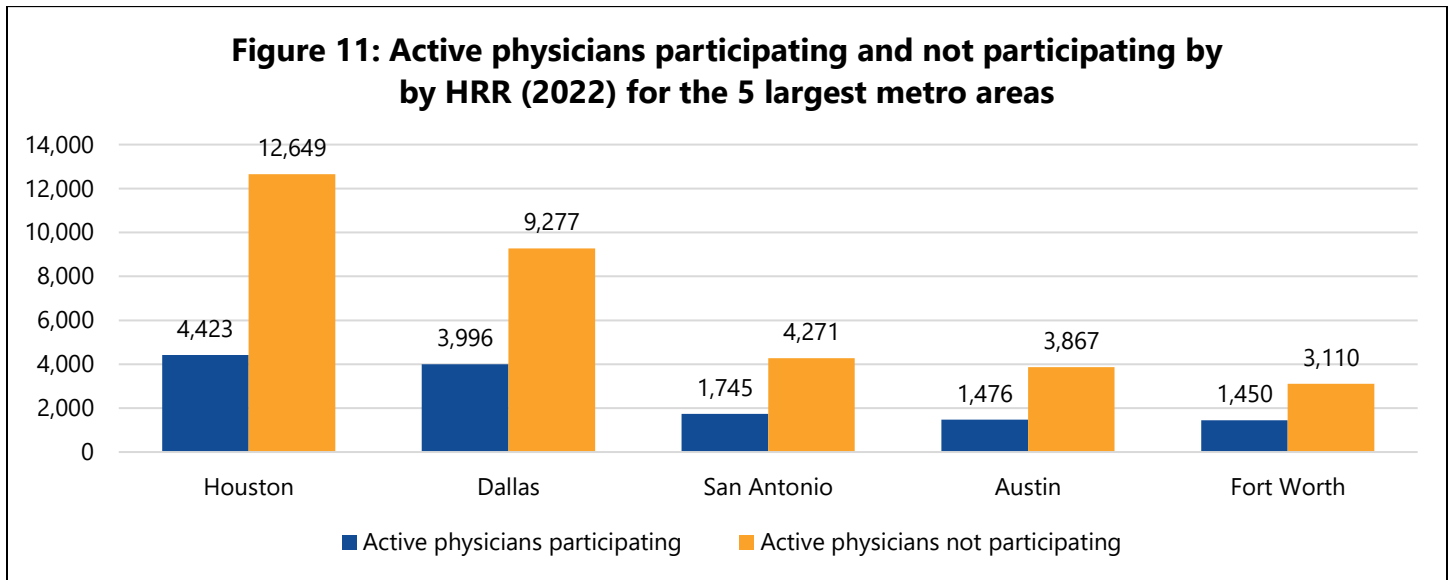
Note: Active physicians include only non-military and direct patient care MDs/DOs whose practice state is Texas. Some cases are excluded because their location cannot be determined. See Page 1 for definitions.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Active physicians by participation status and HRR (2022)

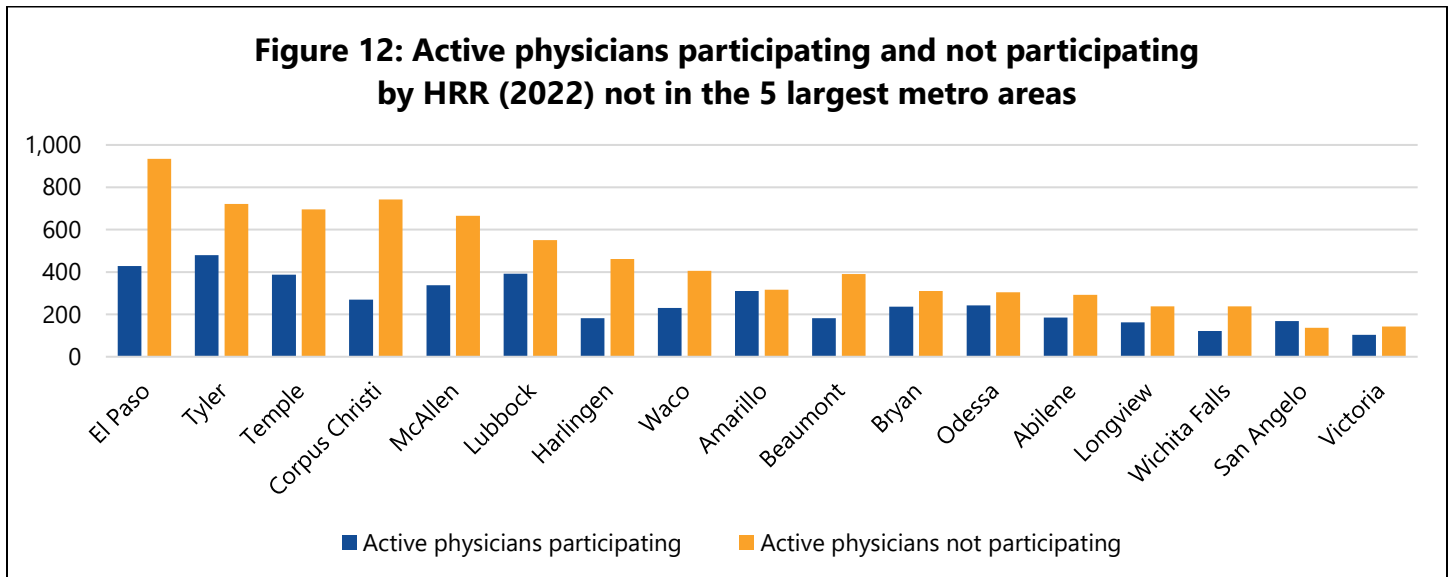
Houston, Dallas, San Antonio, Austin, and Fort Worth accounted for 79% of the active physicians and 75% of the participating physicians in 2022. The largest metro area, Houston, had 4,423 participating physicians and 12,649 physicians not participating in the workers' compensation system (Figure 11).

As previously noted, 30% of active Texas physicians participated in workers' compensation in 2022 (Figure 2). Participation rates in the five metro areas were slightly less than this average, while smaller areas had slightly higher participation rates (Figure 12). Participation rates are generally lower in larger metro areas as there are more doctors relative to participating doctors in these areas.



Note: HRRs are shown in order of the number of active physicians from left to right.

Source: Workers' Compensation Research and Evaluation Group, 2024.

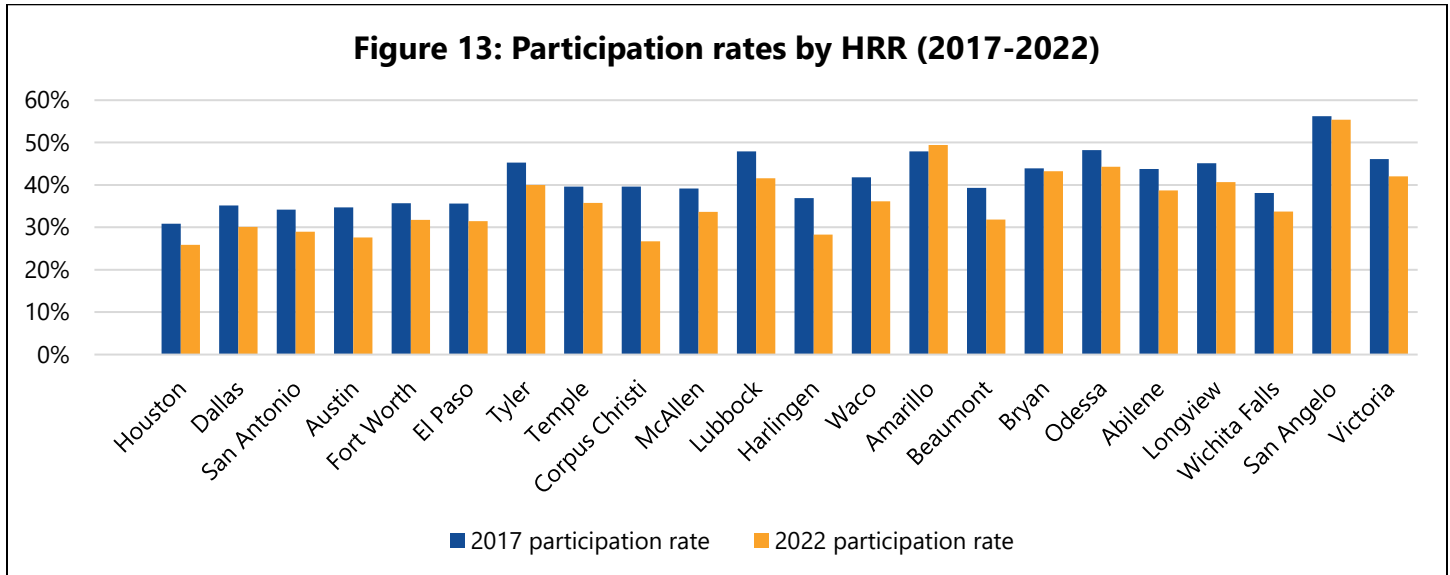


Note: HRRs are shown in order of the number of active physicians from left to right.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Participation Rate by HRR for 2017 and 2022

Between 2017 and 2022, participation rates decreased the most in Tyler, Corpus Christi, Beaumont, and Waco HRRs (Figure 13). Amarillo was the only HRR that saw an increase in participation from 2017 to 2022, at 2%.



Note: HRRs are shown in order of the number of active physicians from left to right.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Claims per participating physician by HRR for injury years 2017 through 2022

Most HRRs saw decreases in the number of claims per participating physician from 2017 to 2022 (Table 5). This mirrors decreases in overall number of claims per participating physician (Figure 3). Harlingen, El Paso and Fort Worth HRRs had the highest number of claims per participating physician in 2022.

In terms of the five major metro areas (highlighted in grey), the Fort Worth and San Antonio HRRs had higher numbers of claims per participating physician. There were improvements in the number of claims per participating physician in all major metro areas except Austin HRR.

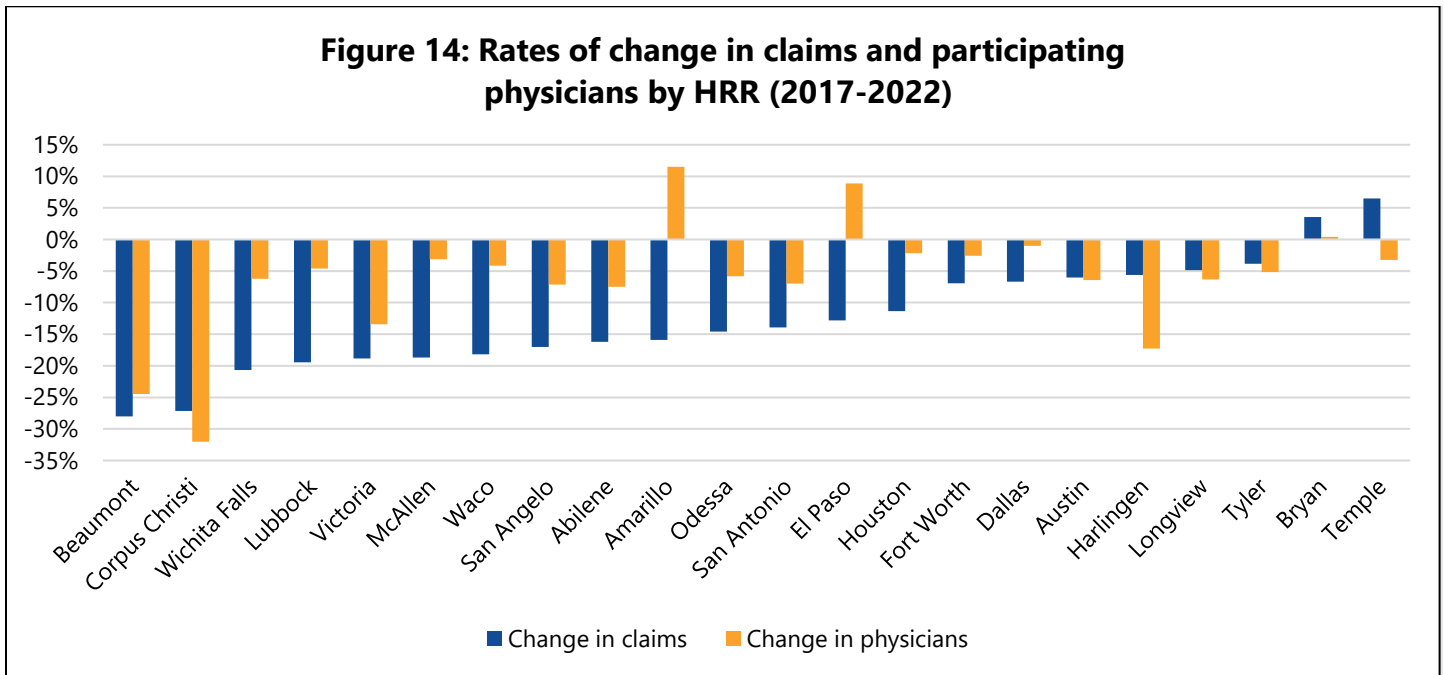
Table 5: Claims per participating physician by HRR							
HRR	2017	2018	2019	2020	2021	2022	% change from 2017-2022
Harlingen	27.9	31.5	29.3	24.6	28.6	31.8	14.0%
El Paso	24.8	22.6	22.9	18.3	18.0	19.8	-20.2%
Fort Worth	20.3	20.1	20.6	17.6	18.7	19.4	-4.4%
San Antonio	18.8	17.9	18.9	15.5	16.7	17.4	-7.4%
Odessa	17.0	17.7	16.8	13.2	15.6	15.4	-9.4%
McAllen	18.0	17.8	17.8	14.8	15.5	15.1	-16.1%
Corpus Christi	14.1	14.0	16.3	13.0	13.6	15.1	7.1%
Waco	17.0	16.5	16.7	13.9	13.6	14.5	-14.7%
Temple	13.1	12.7	13.5	12.3	13.3	14.4	9.9%
Beaumont	14.0	13.5	13.3	12.1	12.2	13.3	-5.0%
Abilene	14.5	14.2	15.0	13.4	12.9	13.2	-9.0%
Wichita Falls	15.3	14.9	14.2	12.1	12.9	12.9	-15.7%
Lubbock	15.0	15.6	15.6	12.7	13.3	12.6	-16.0%
Austin	12.4	12.3	12.2	9.9	12.0	12.5	0.8%
Amarillo	16.4	15.3	14.8	11.9	11.9	12.4	-24.4%
Dallas	13.0	12.7	13.1	11.3	11.7	12.2	-6.2%
Houston	13.0	13.1	13.2	10.8	11.3	11.8	-9.2%
Victoria	11.8	11.7	12.9	11.8	11.6	11.0	-6.8%
Longview	10.3	10.6	11.1	10.1	9.8	10.5	1.9%
Bryan	9.6	9.8	10.0	8.8	9.0	9.9	3.1%
Tyler	8.9	8.6	9.1	8.2	8.4	9.0	1.1%
San Angelo	9.0	9.2	9.5	8.2	7.8	8.0	-11.1%

Note: Five largest metro areas are highlighted.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Rates of change in claims and participating physicians by HRR (injury years 2017-2022)

Since 2017, the number of claims decreased in all HRRs except for Bryan and Temple (Figure 14). The number of participating physicians increased for three out of 22 HRRs. The number of participating physicians decreased significantly in Corpus Christi (32%), Beaumont (24%), and Harlingen (17%) HRRs, where claims also decreased substantially. Amarillo, El Paso, and Bryan HRRs saw a significant increase in the number of physicians along with a decreasing number of claims in Amarillo and Bryan.



Note: HRRs are ordered by the largest decline in number of claims from left to right.

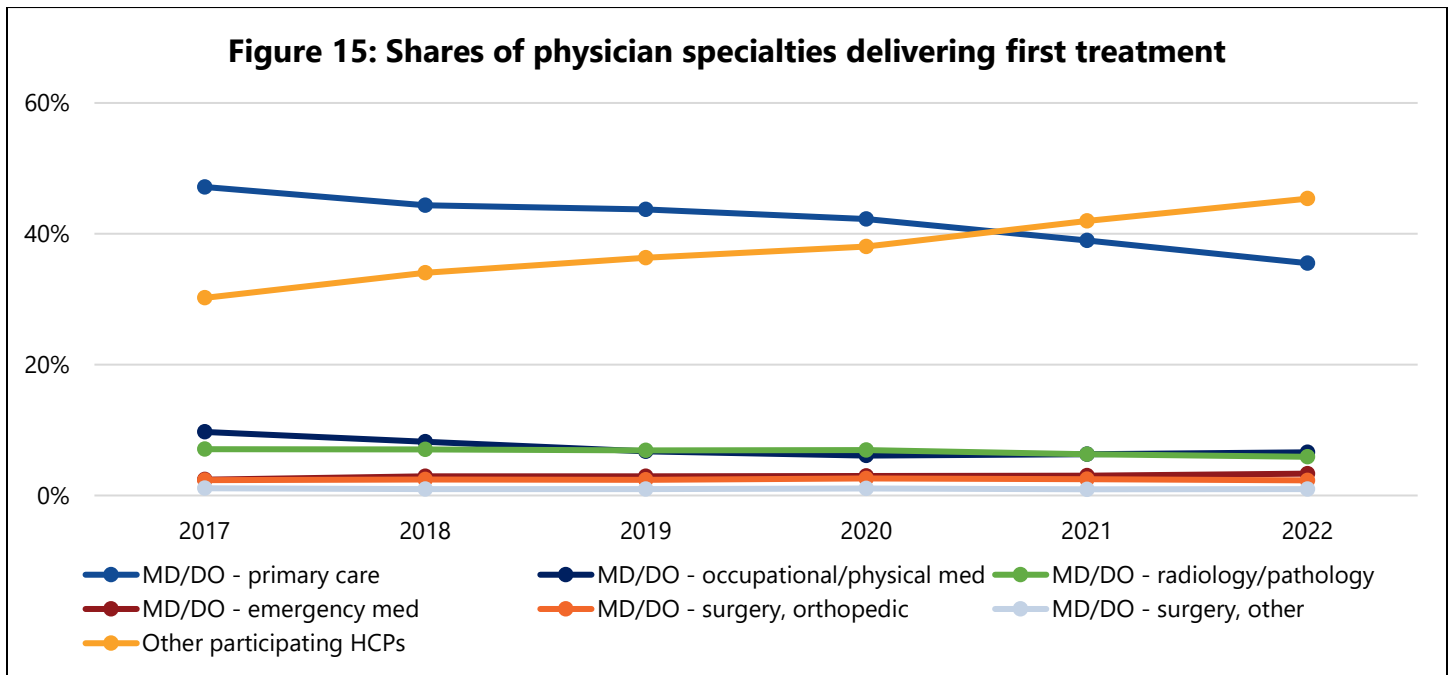
Source: Workers' Compensation Research and Evaluation Group, 2024.

Timeliness of care

Timeliness of care is a measure of initial access to medical care. It is calculated as the number of days between the date of injury and the first visit to a physician or health care provider for non-emergency medical treatment. This report considers medical services for the first six months after the injury.

Shares of participating physician specialties delivering first treatment

Throughout the study period, the highest proportion of injured employees saw a participating primary care physician on their first day of treatment (Figure 15). This rate has decreased from 47% in injury year 2017 to 36% in 2022. However, the percentage of new claims that saw other participating health care providers increased from 30% in injury year 2017 to 45% in 2022.

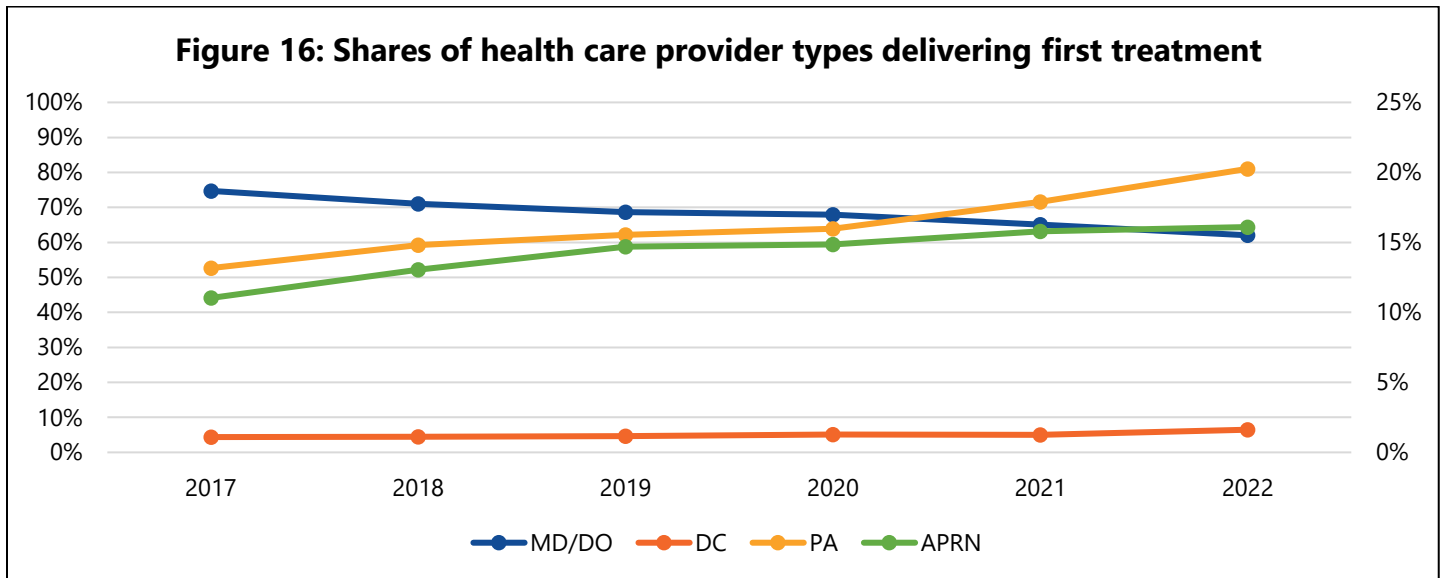


Note: An injured employee may see multiple health care providers for treatment, so the sum of the percentages may exceed 100%.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Shares of participating health care provider types delivering first treatment

In injury year 2022, about 62% of the new claims saw a MD/DO physician on their first visit (Figure 16). However, the percentage of claims first treated by a PA increased from 13% in injury year 2017 to about 20% in 2022. The share of claims first seeing an APRN also increased, from 11% in injury year 2017 to 16% in 2022. The percentage of claims seeing a DC first remained relatively stable over the study period.

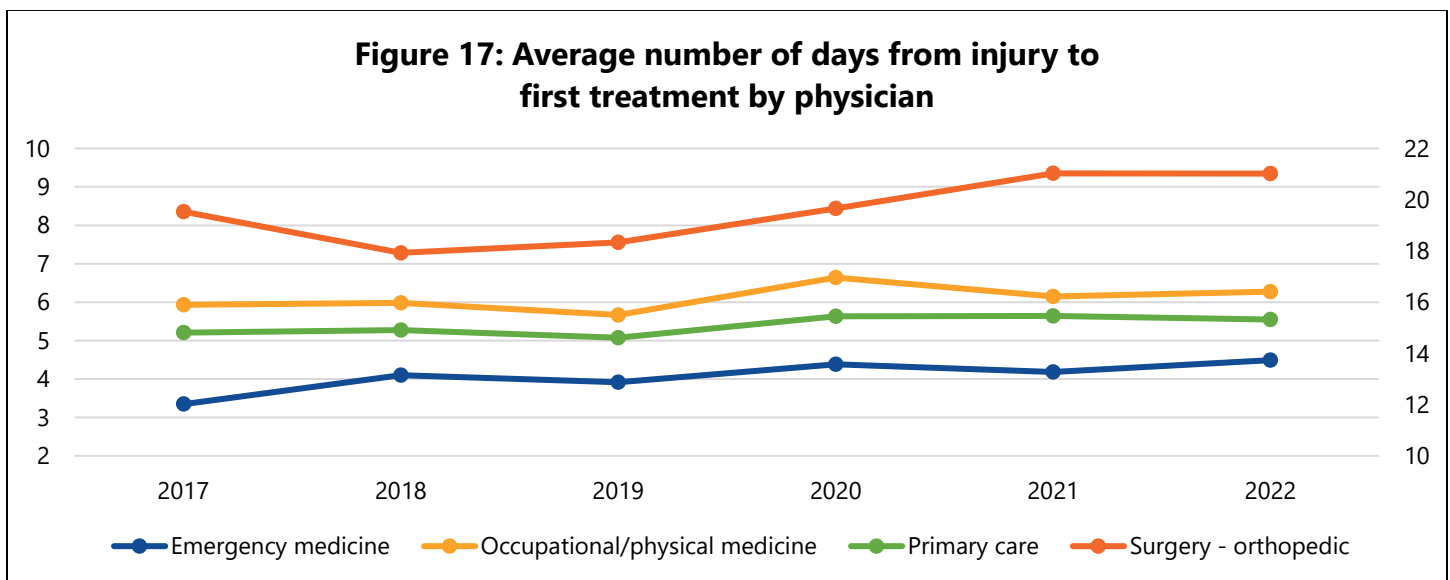


Note: MD/DO numbers are shown on the left scale. All other health care providers are shown on the right scale. An injured employee may see multiple health care providers on the first day. As a result, the sum of the percentages may exceed 100%.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Average number of days from injury to first treatment by participating physician

In injury year 2022, injured employees who saw physicians in primary care, emergency medicine, and occupational/physical medicine specialties received initial non-emergency medical treatment within an average of five to seven days from the date of injury (Figure 17). Injured employees whose first treatment was by an orthopedic surgeon increased from 19.5 days for their first treatment in injury year 2017, to 21 days in 2022.

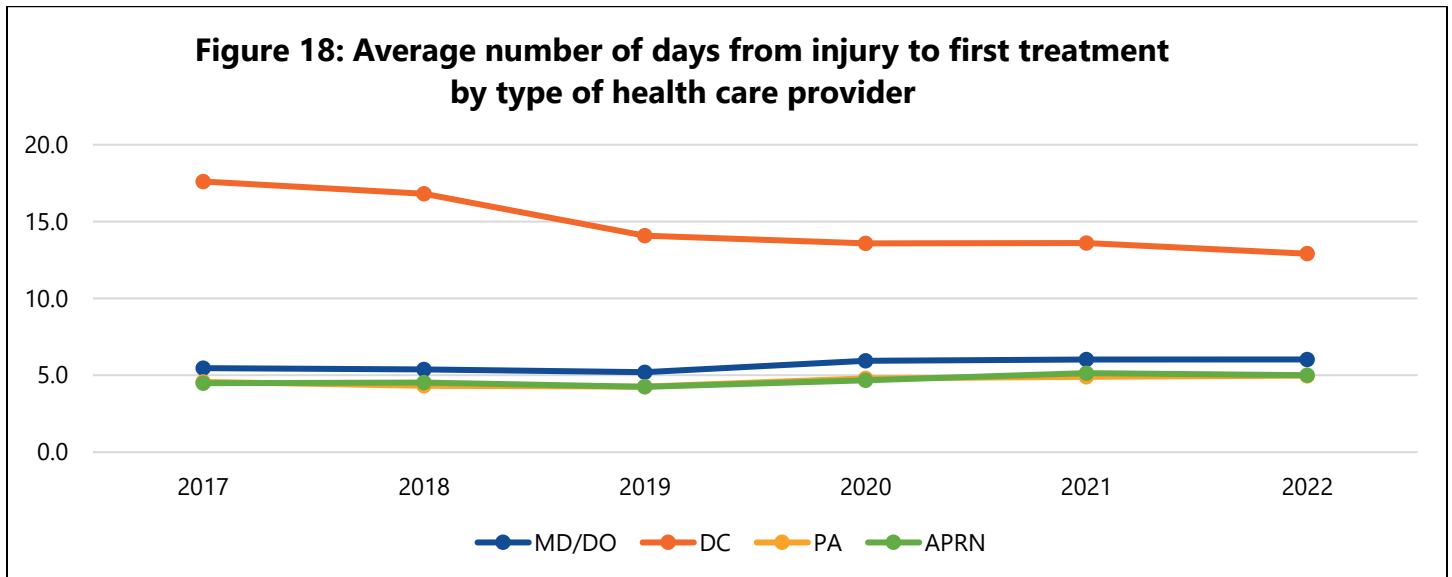


Note: "Surgery - orthopedic" numbers are shown on the right scale. All other physicians are shown on the left scale.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Average number of days from injury to first treatment by type of participating health care provider

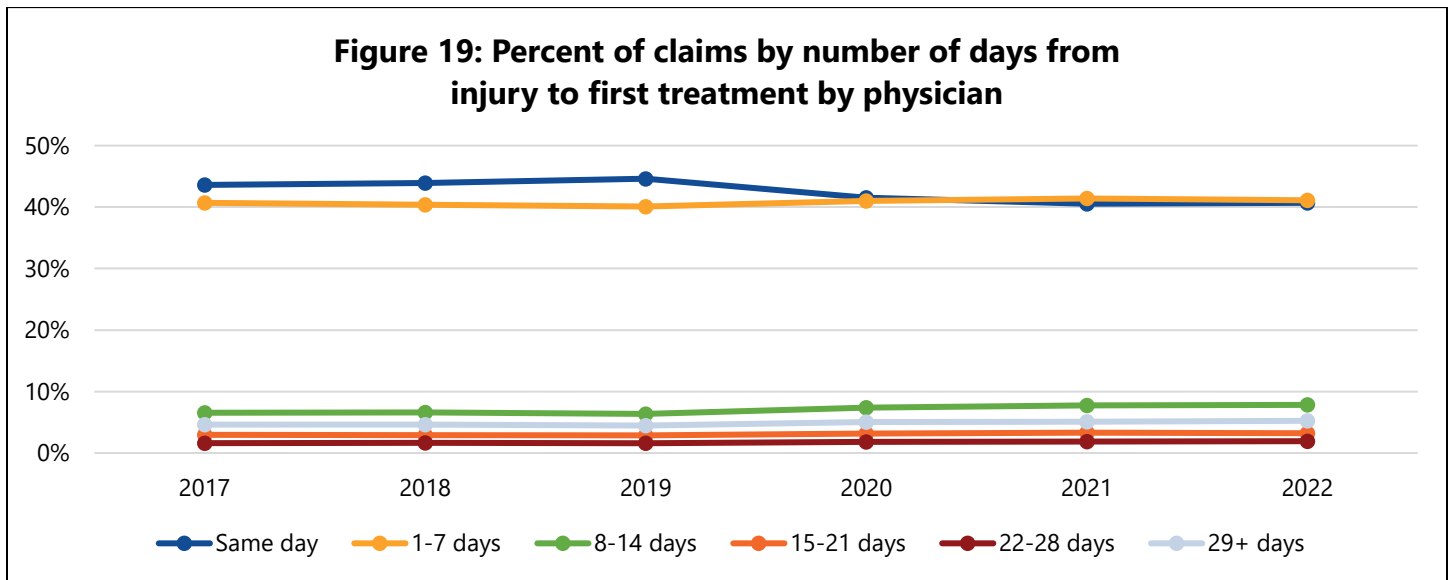
The average number of days between injury and first non-emergency medical treatment for all physicians increased from 5.5 days in injury year 2017 to 6.0 days in 2022 (Figure 18). APRNs and PAs had lower number of days than other participating health care provider types. APRNs and PAs did increase from 4.5 and 4.6 days respectively in 2017 to 5.0 days in 2022. The average number of days for APRNs were higher than PAs. Overall, injured employees who saw DCs for their first visit took longer to get treatment than other types of participating health care providers. However, the average number of days for DCs did decrease from 17.6 days in injury year 2017 to 12.9 days in 2022.



Source: Workers' Compensation Research and Evaluation Group, 2024.

Percent of claims by number of days from injury to first treatment by participating physicians

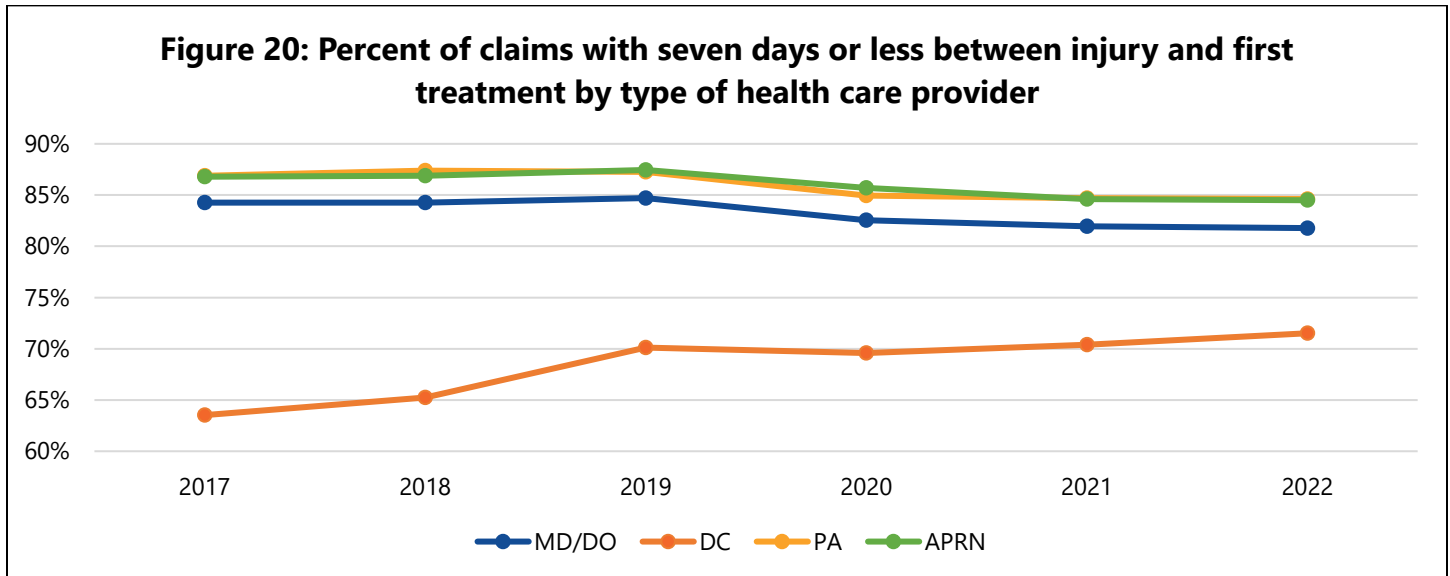
This measure shows the percentage of claims by the number of days from injury to first non-emergency medical treatment from MDs/DOs in six broad groups (Figure 19). The percentage of injured employees treated on the same day as their work-related injury decreased from 44% in injury year 2017 to 41% in 2022. Injured employees who received treatment within one week (0-7 days) accounted for 84% of claims in injury year 2017, decreasing to 82% in 2022. The percentage of claims with delayed treatment (more than seven days after their injury) increased from 16% in injury year 2017 to 18% in 2022.



Source: Workers' Compensation Research and Evaluation Group, 2024.

Percent of claims with seven days or less between injury and first treatment by type of participating health care provider

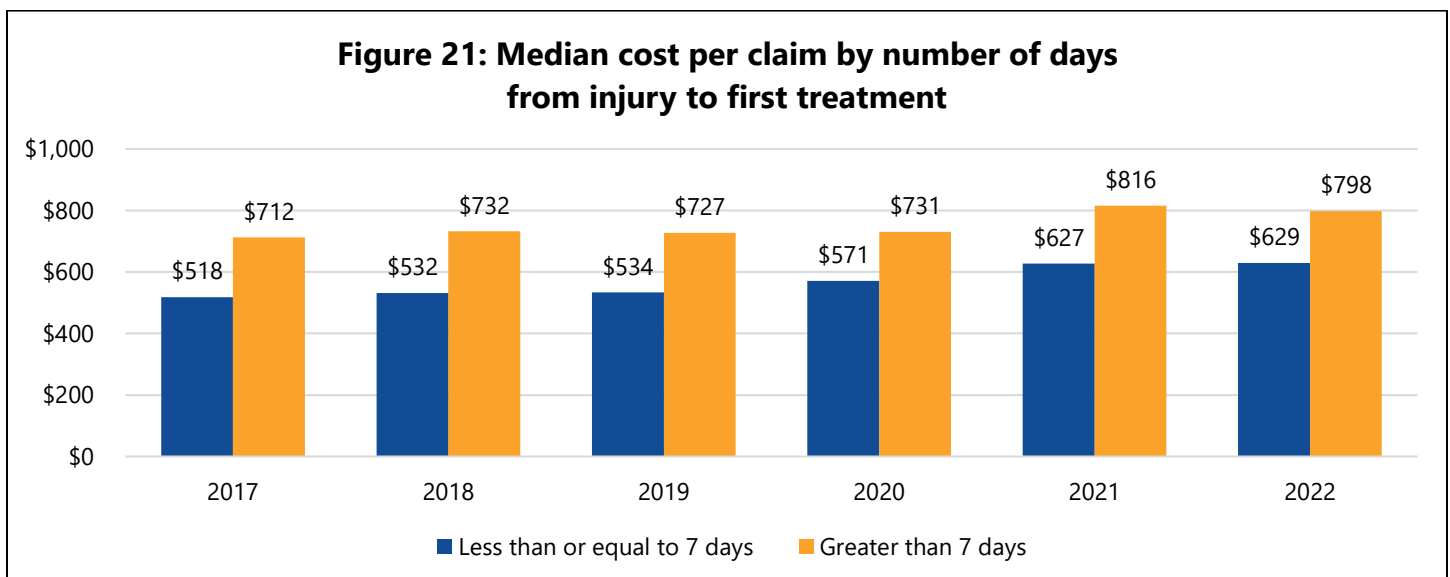
The share of injured employees that received their first non-emergency medical treatment from physicians (MDs/DOs) in seven days or less decreased from 84% in injury year 2017 to 82% in injury year 2022 (Figure 20). The percentage who saw PAs also decreased from 87% to 85% and the percentage who saw APRNs decreased from 87% to 84% during the same period. The shares of injured employees who received first treatment from DCs were lower and fluctuated more compared to other type of health care providers.



Source: Workers' Compensation Research and Evaluation Group, 2024.

Median cost per claim by number of days from injury to first treatment

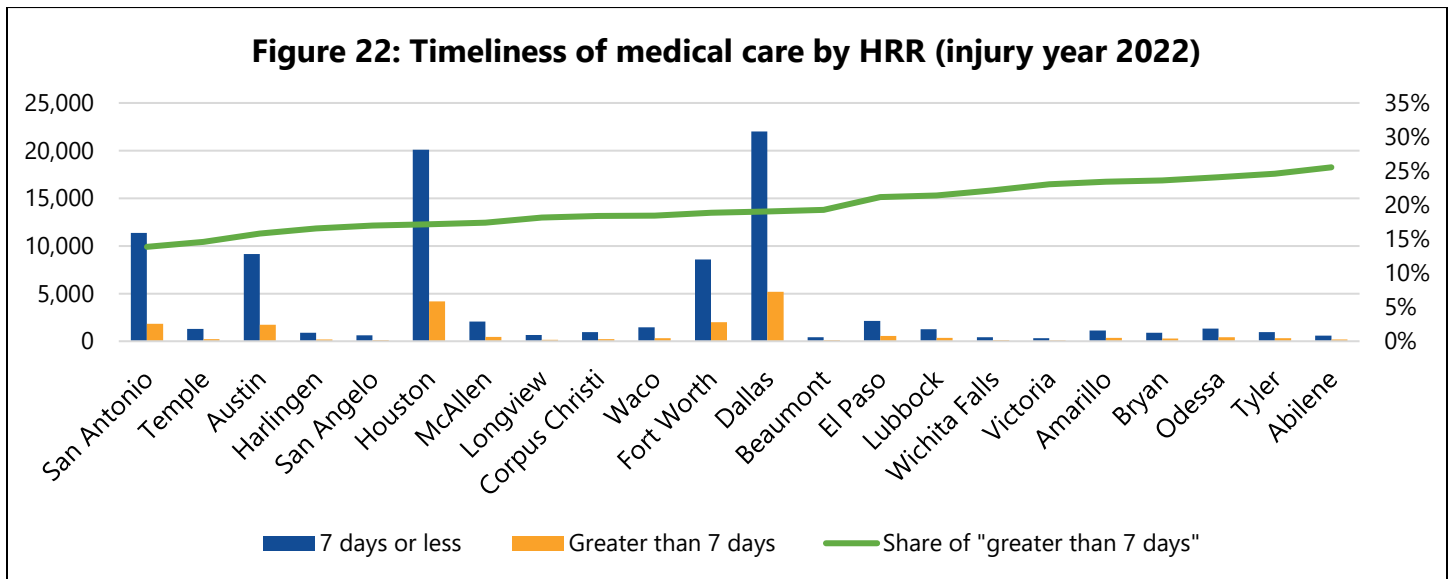
Overall, median medical costs were higher for injured employees who received their first non-emergency medical treatment eight days or more after their injury, versus those who got treatment within seven days (Figure 21). In 2022, the median cost per claim for those that received treatment eight days or more after their injury was \$798, which was 27% higher than those that received treatment within seven days (\$629).



Source: Workers' Compensation Research and Evaluation Group, 2024.

Timeliness of medical care by HRR (injury year 2022)

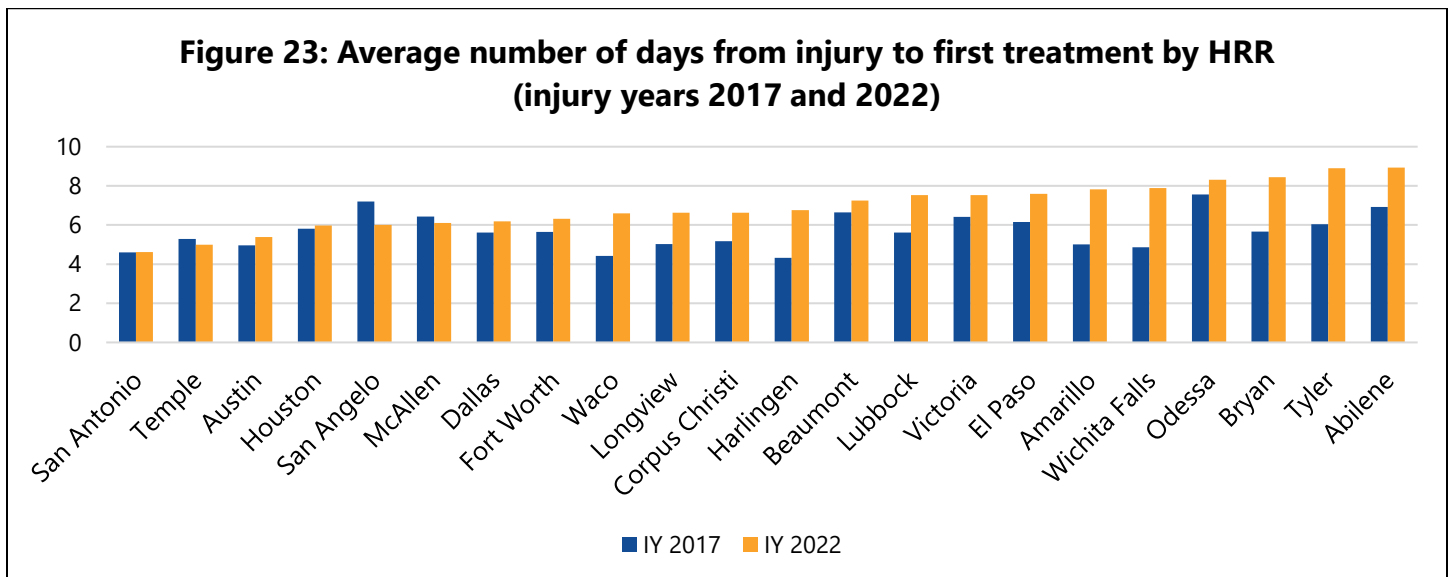
Injured employees in the Abilene HRR had the highest percentage of delayed treatment (greater than seven days) in injury year 2022 (Figure 22). Among the five large metro areas, Dallas had the most delayed claims at 5,187, and the highest percentage of delays at 19%.



Note: HRRs are ordered by increasing share of "greater than 7 days" from left to right.
Source: Workers' Compensation Research and Evaluation Group, 2024.

Average number of days from injury to first treatment by HRR (injury years 2017 and 2022)

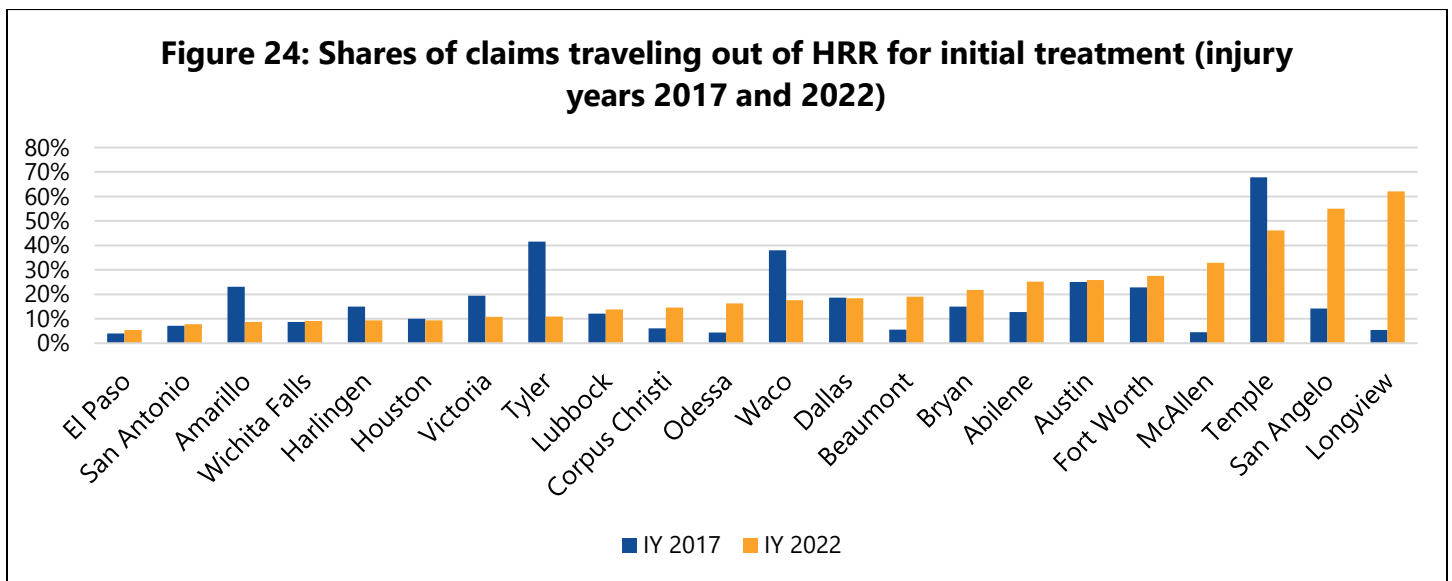
In injury year 2022, the average number of days from injury to first treatment ranged from 4.6 days in the San Antonio HRR to 8.9 days in the Abilene HRR (Figure 23). The average number of days before first treatment in injury year 2017 was lower than in 2022 for all HRRs except for Temple, San Angelo, and McAllen.



Note: HRRs are ordered by increasing number of days from injury to first treatment for injury year (IY) 2022 from left to right.
Source: Workers' Compensation Research and Evaluation Group, 2024.

Shares of claims traveling out of HRR for initial treatment (injury years 2017 and 2022)

Smaller HRRs had a higher number of injured employees traveling outside of their HRR for initial treatment (Figure 24). In injury year 2022, the Houston HRR had about 9% of their workers' compensation patients traveling out of area for their first treatment, and the Fort Worth HRR saw 28%.



Note: Percentages are shown from left to right by increasing percentage of claims having at least one "out of HRR" non-emergency service in injury year 2022.

Source: Workers' Compensation Research and Evaluation Group, 2024.

Concluding remarks

The purpose of this report is to analyze injured employees' access to medical care in the Texas workers' compensation system from 2017 to 2022 and present trends in key metrics like participation, retention, and timeliness. The total number of active physicians in Texas increased while the number of physicians participating in workers' compensation remained relatively stable, resulting in a decreasing participation rate. The average number of claims per participating physician decreased from 2017 to 2022, including a significant drop in the total number of claims in 2020, possibly due to COVID-19. The overall workers' compensation physician retention rate was relatively stable. Most active physicians in Texas, as well as physicians participating in the workers' compensation system, are in the five largest metro areas. The percentage of claims that received initial non-emergency care in seven days or less decreased from 2017 to 2022. The share of claims receiving same-day treatment decreased slightly from 2017 to 2022, with a notable dip in 2020 possibly due to COVID-19.



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