Pennsylvania
Department of Labor & Industry
Bureau of Workers' Compensation

2024

WORKERS' COMPENSATION MEDICAL ACCESSIBILITY STUDY

EXECUTIVE SUMMARY

PREPARED BY FIELDGOALS.US

FIELDGOALS.US

Background

In the Commonwealth of Pennsylvania (Commonwealth), the workers' compensation system protects both employees and employers. Employees receive medical treatment and are compensated for lost wages associated with work-related injuries and disease, while employers provide the cost of such coverage and are protected from direct lawsuits by employees.

The Pennsylvania Bureau of Workers' Compensation (BWC), under the auspices of the Pennsylvania Department of Labor & Industry (L&I), is required under the Workers' Compensation Act (Act) to retain an independent consulting firm to conduct a study to determine whether there is adequate access to quality healthcare and products for injured workers.

The Medical Accessibility Study collects data from injured workers, healthcare providers, and insurance companies in the Commonwealth to consider the effects the current medical fee schedules and utilization of provider panels may have on access to quality care and lost days from work. If the research indicates there is not sufficient access to quality healthcare or products for persons suffering injuries covered by this Act, the secretary may make recommendations for modifications or changes to the Insurance Commissioner.

FieldGoals.US was commissioned by the BWC to collect and analyze data and provide recommendations in this report to assist the Secretary of L&I in determining whether injured workers have adequate access to timely quality healthcare, and the impact the use of provider panels is having on the program.

The 2024 survey collected data from three workers' compensation stakeholders:

- Injured workers
- Insurance carriers
- Healthcare providers

Methodology

FieldGoals.US conducted a comprehensive survey of workers injured during 2024 using a list of 89,474 contacts from 67 counties across Pennsylvania. The list provided by the BWC was cleaned of duplicates and a statistically significant sample size was selected. The number of injured workers surveyed provides results at a 99 percent confidence level with a +/- 3 confidence interval, deeming the information contained herewith of the highest reliability. Telephone interviews were utilized to collect the injured worker responses for the 2024 study. One thousand five hundred two workers representing all regions of Pennsylvania shared their experiences.

For the insurance carrier survey, FieldGoals.US elicited responses from insurance carriers, self-insured group funds, self-insured employers or affiliates, and workers' compensation fee repricing consultants via phone call, email, and traditional mail. The BWC also posted a banner on the claims dashboard to bring awareness to the insurers about participating. The 197 insurance carriers that completed the survey represented the 1,502 injured workers surveyed in 2024.

To reach the final group of stakeholders, emails, including four follow-up reminders, were sent to healthcare providers who submitted claims on the portal in 2024. Supplemental outreach efforts to further enhance visibility and response rates included direct outreach via email and postal mail to healthcare providers across Pennsylvania and surveying an independent panel of verified medical providers in Pennsylvania who regularly provide care to injured workers. This ensures the inclusion of perspectives from a diverse range of practice settings and specialties. A total of 123 healthcare providers are represented in this study.

Survey Results

Injured Worker Survey

The objectives of the injured worker survey match the requirements of the Act. The injured worker survey provides findings in several key areas:

1. Timely access to treatment and initial treatment
2. Understanding care
3. Provider panel utilization and acknowledgment of workers' compensation rights and duties
4. Time off work and re-injury
5. Healthcare satisfaction including quality and type of care

Timely Access to Treatment

Seventy-three percent reported receiving treatment within one day or less after their injury. Ten percent received care two days after the injury, while 119 (nine percent) waited three days to a week. Ninety-three respondents (six percent) waited more than a week. A small group (39 respondents, or three percent) could not recall when they received treatment.

Those who were not treated by a healthcare provider within the first two days (212 injured workers--does not include those who responded "Don't know") were asked a follow-up question to determine why they did not seek treatment within that time; multiple selections were permitted.

The plurality of respondents (63 percent – nearly 12 percentage points more than in 2023) thought the injury would get better without professional medical treatment. Thirteen percent of the 212, or 27 injured workers, said they did know which doctor or facility to contact. Twelve percent of the 212, or 25 injured workers, said the injury occurred before a weekend or holiday,

which was slightly up from 2023. Eight percent of the 212, or 18 injured workers, stated they did not know how to report their injury; and a small number of injured workers reported they could not find transportation to a healthcare facility (5).

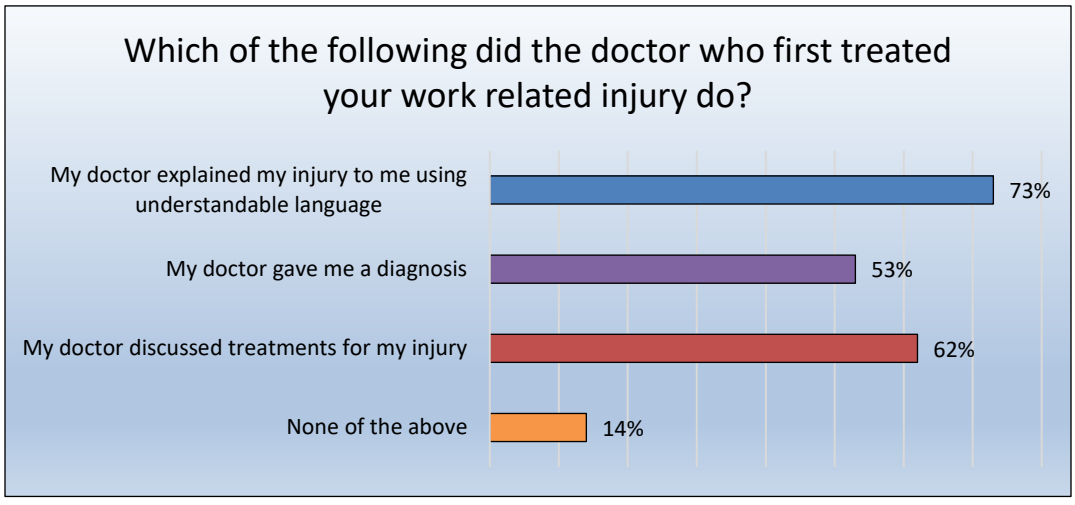
Six percent (13) of those who were not treated within the first 48 hours also indicated a reason being "something else" other than the responses listed. Most who responded "something else" indicated that their employer did not support me seeking medical attention (9) or they did not remember (4).

Initial Treatment

Out of the 1,502 respondents, 1,130 were treated at either the emergency room (38 percent) or an urgent care facility (37 percent) immediately after injury on the job. Eighteen percent, or 276 respondents, were treated at an occupational health/workers' compensation center, and only six percent (89) were treated initially at a traditional doctor's office.

Understanding of Care

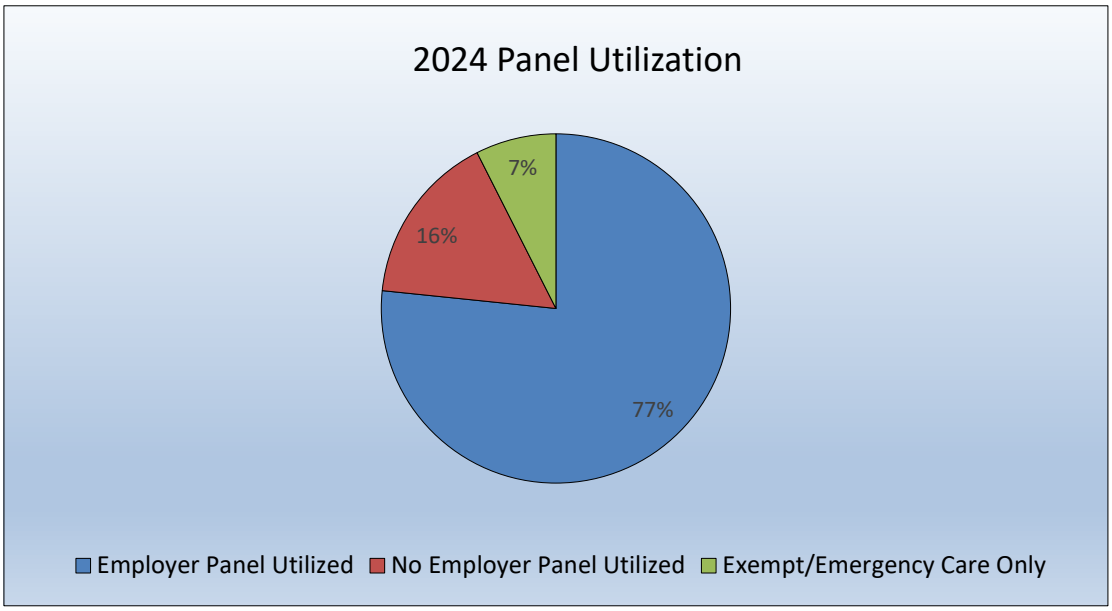
Seventy-three percent of injured workers stated their doctor explained their injury to them using understandable language (up two percentage points from 2023), and more than half said they were given a diagnosis (53 percent) and discussed treatments for their injuries (62 percent). All three of these were up from the 2023 data.



Panel Utilization

Overall, 77 percent (N=1,151) of all injured workers used a panel provider for their medical care. Of those who used a panel physician, 57 percent chose a doctor from a list of designated healthcare providers on their own, 40 percent stated they were not given a choice and their employer chose a healthcare provider for them, and 3 percent asked their employer to choose one of the doctors from a list of several doctors the employer uses for workers' compensation injuries. Sixteen percent of all respondents chose their own doctor without a list, *or* their

employer does not use specific doctors for work-related injuries, and seven percent sought only emergency care.*



*This number is pulled from those who indicated they used a physician from an employer list in q5 or q5a. Those who went to an emergency room for their initial visit were asked the employer panel provider question as a follow-up. N=112 who did not receive treatment after the initial visit were excluded.

Ability to Change Healthcare Providers

For the 1,151 injured workers who utilized a panel physician for their care, a follow-up question was asked inquiring if they had switched from their original panel doctor at anytime during their treatment.

Seventy-three percent of injured workers stayed with the initial doctor selected from their employer's panel. Fifteen percent switched to another doctor on the same list and a notable minority (seven percent) moved or intended to move outside the panel.

Rights and Duties

In 2024, although a significant 61 percent of those questioned stated their employer spoke to them about their rights, another 29 percent said their employer never spoke to them about their rights; these numbers remain similar to those in 2023. Ten percent did not recall.

7) *After your 2024 injury, did someone from the company or insurance carrier explain your medical treatment rights and duties under workers' compensation within a few days after the injury?*

Q7. Informed of Rights	# of Responses	% of Total
Yes	915	60.92%
No	433	28.83%
Don't remember	154	10.25%
Totals	1,502	100%

In the 2024 version of the survey, the follow-up to Q7 was intentionally reworded to assess not just awareness of provider switching rights, but also whether those rights were explicitly communicated to the injured worker by someone in the process. Additionally, all respondents were asked if they were aware of their right to chose another provider.

More than half of injured workers (53 percent) said no one explained their right to change doctors.

> *7a) Did anyone explain to you that you had the right to choose another doctor for the employer's list if you were dissatisfied with the treatment received from the first provider and the right to use a doctor not on the employer's list after 90 days?*

Q7a. Aware of right to choose another doctor	# of Responses	% of Total
Yes	700	46.60%
No	802	53.40%
Totals	1,502	100%

Time Off Work

In 2024, 30 percent (451) of the total population responded they did not miss any work as a result of their injury. Thirty-three percent of respondents missed a month or less of work. Twenty-four percent of injured workers missed one to six months of work due to their injuries. The percentage of those who did not miss any work as a result of their injury decreased by three percentage points.

For tracking purposes, in 2023, 33 percent did not miss any work at all; 29 percent of respondents missed a month or less of work; and 28 percent missed one to six months of work due to their injuries.

All but those who indicated they did not miss any work due to their injury were asked about their experience returning to work. Of the 1,051 injured workers asked this question, 536, or 51 percent, felt they returned to work when they were ready. Twenty-five percent of those who spent time off work due to an injury felt they went back to work too soon. Eighteen percent still have not returned to work. This number is seven percentage points lower than in 2023.

To gain a deeper understanding of the nature of injured workers' return-to-work experiences, a new question (Q9a) was added in 2024:

9a.) What best describes your return to work?

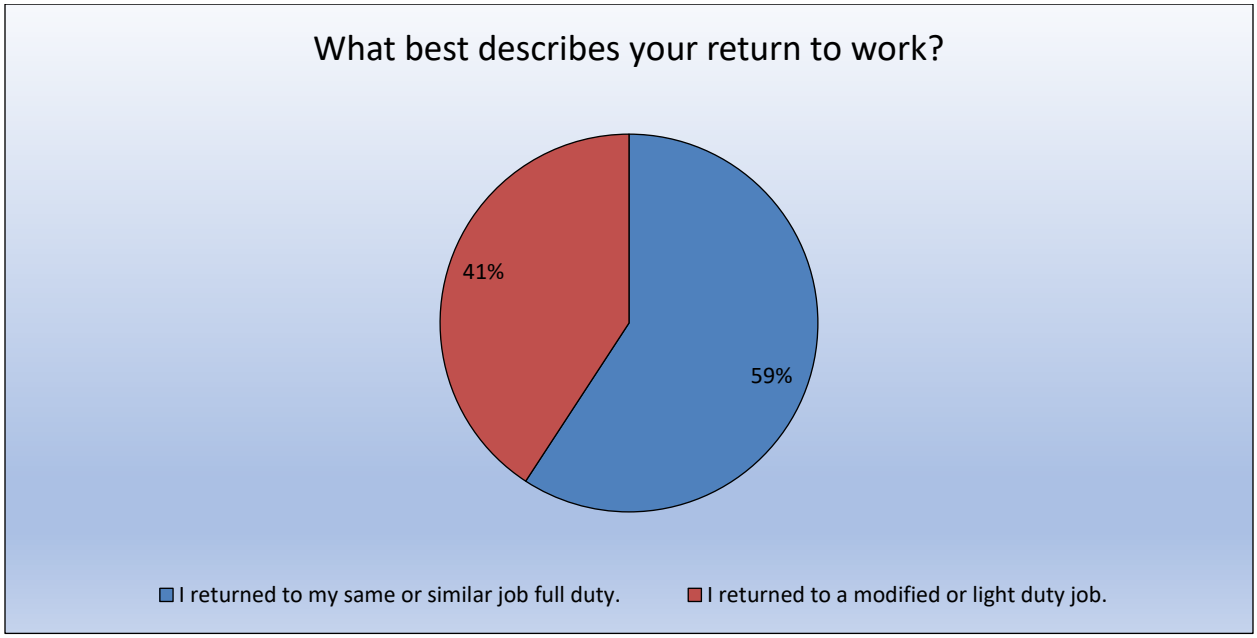
Q9a. Return to work added description	# of Responses	% of Total
I returned to my same or similar job full duty	508	59.21%
I returned to a modified or light duty job	350	40.79%
Totals	858	100%

This question was only answered by respondents who had returned to work following their injury. It excluded:

- Those who did not miss any work due to their injury (from Q8), and
- Those who still had not returned to work at the time of the survey (from Q9).

As a result, N = 858 total respondents answered Q9a.

- Nearly 6 in 10 respondents (59 percent) returned to full-duty work, indicating a relatively strong recovery trajectory or resolution of their injury-related limitations.
- Forty-one percent returned to work in a modified or light duty role, highlighting the importance of workplace flexibility and transitional accommodations in supporting injured workers' reintegration.
- These findings offer critical context when evaluating the effectiveness of treatment, recovery timelines, and the degree of functional restoration achieved post-injury.



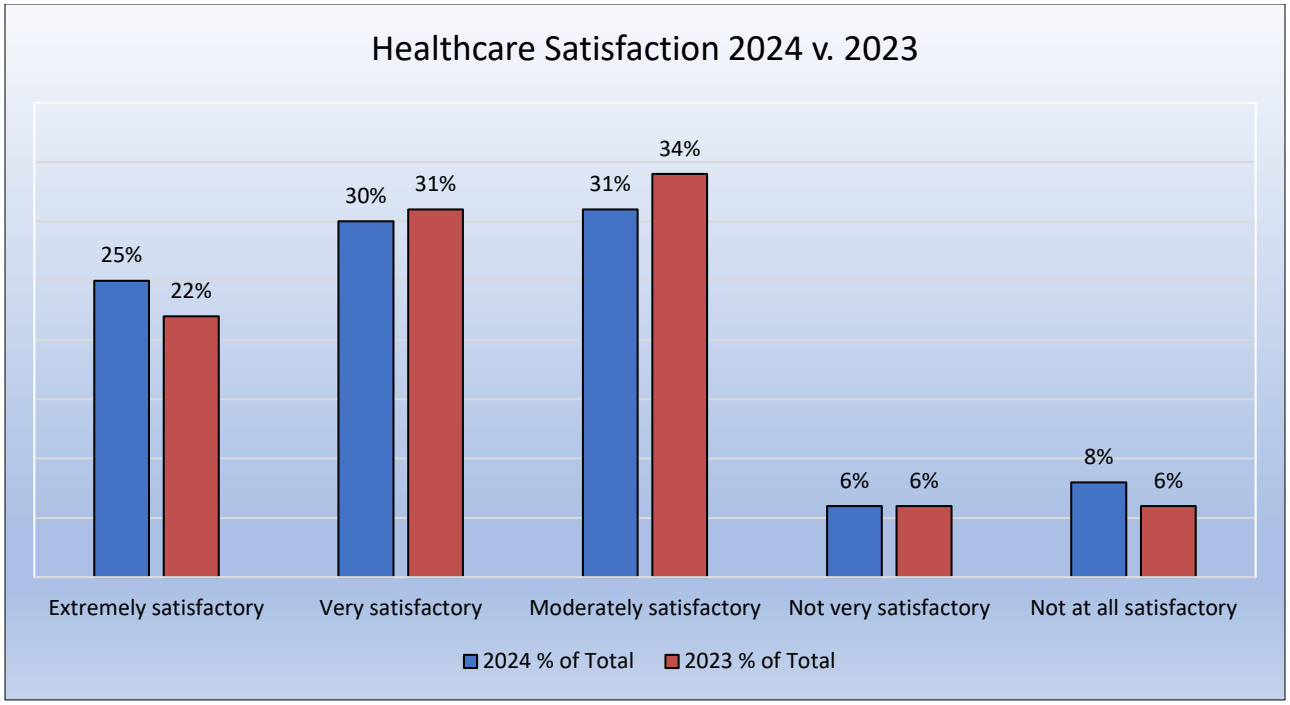
Re-Injury

Of the injured workers surveyed in 2024, 198 respondents (13 percent of the total sample) reported experiencing a re-injury during the same reporting year. Seventy-three percent of re-injured workers (144) said their re-injury occurred within six months of their initial injury. Twenty-seven percent of re-injured workers (54) reported their re-injury happened more than six months after the original incident.

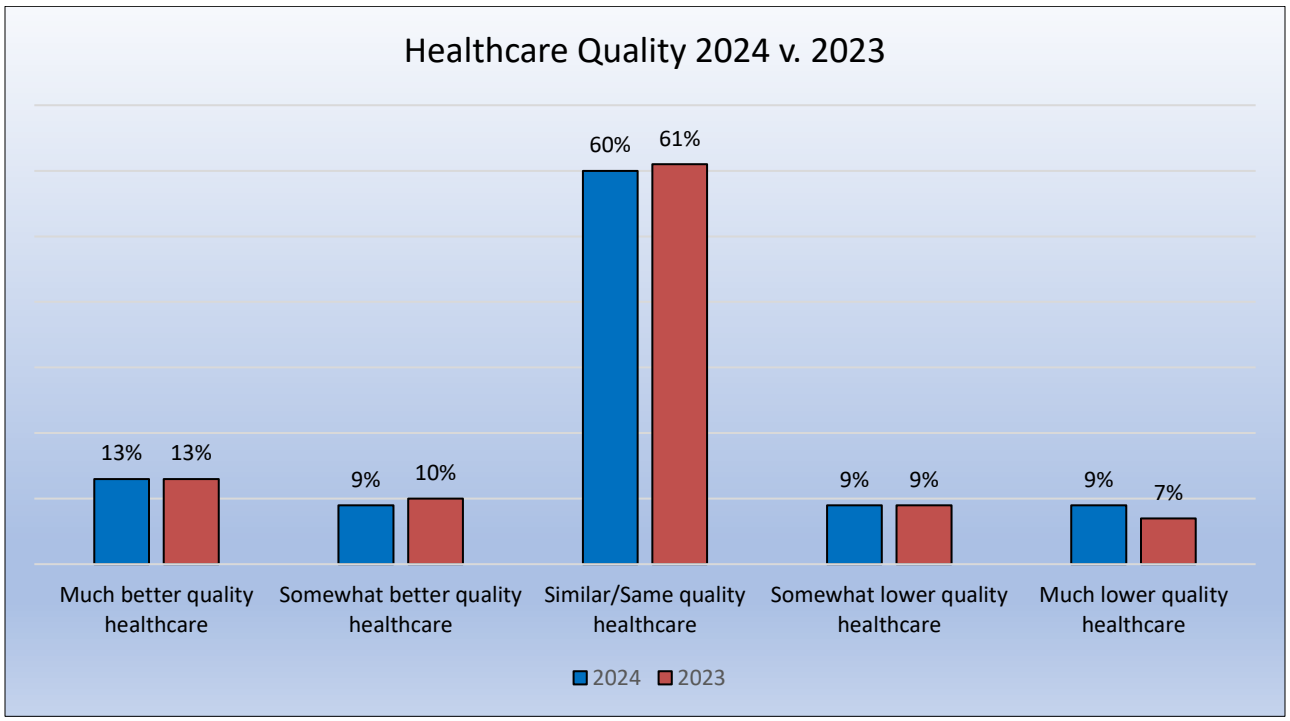
Half of re-injured workers (50 percent) said their second injury was the same or related to the initial injury. Conversely, 50.5 percent reported an unrelated second injury.

Healthcare Satisfaction and Quality

Fifty-five percent of injured workers were very or extremely satisfied with the care they received from their treating physician or healthcare provider; this number was up slightly from 2023. Another 31 percent were moderately satisfied (down two percentage points from 2023), while 14 percent felt their care was less than satisfactory. Overall satisfaction was 86 percent overall.



Sixty percent of the respondents (896 injured workers) stated the healthcare they received through workers' compensation was similar to that of their routine healthcare. Twenty-two percent (340 injured workers) felt they received somewhat or much better-quality healthcare through workers' compensation, and 18 percent (266 injured workers) felt it was somewhat or much lower quality, which is an increase over 2023.



As a follow-up question, those who responded "somewhat" or "much lower" or "somewhat" or "much better" quality in Q12 were asked what made the quality of their healthcare better or worse (Q12a/b). While many injured workers reported satisfactory or even superior care through the workers' compensation system (N=296), a significant portion of respondents (N=231) also shared negative experiences compared to their routine healthcare. These open-ended comments reveal recurring themes of poor communication, delays, pressure to return to work prematurely, and inadequate clinical attention.

Physician Categories

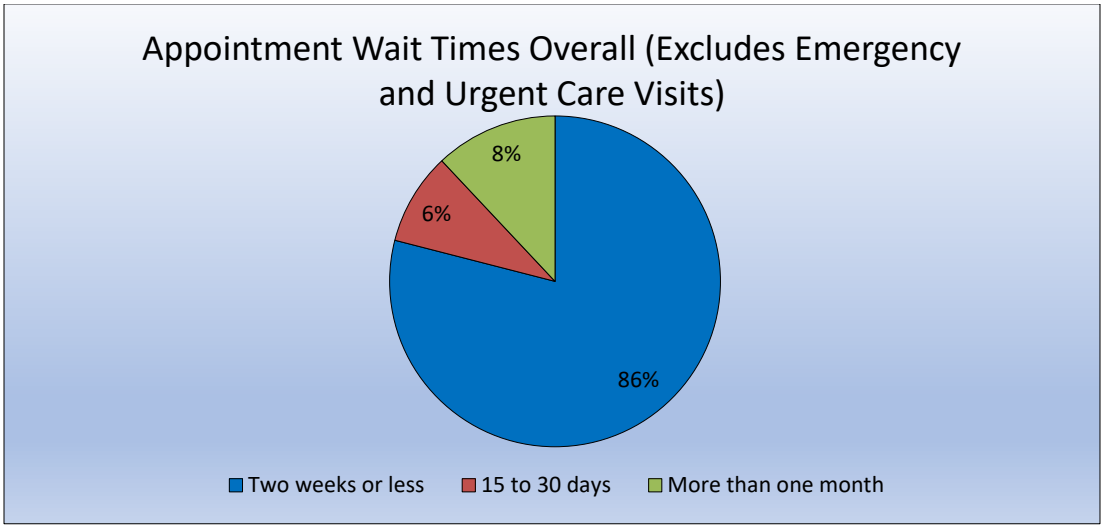
The most frequently visited doctors in 2024 were Orthopedic Surgeon (35 percent); Urgent Care Doctor (29 percent); Emergency Room Doctor (26 percent); Physical, Occupational, and/or Speech Therapist (24 percent); and Workers' Compensation/Occupational Medicine Doctor (19 percent); fourteen percent visited the Family Doctor/Internal Medicine Doctor.

Wait Times

For 86 percent of overall appointments (excluding emergency and urgent care visits), injured workers waited two weeks or less before seeing a doctor.

In terms of average wait times for workers seeking medical care, Emergency Room and Urgent Care Doctors averaged 0.2 days. Occupational Medicine Doctors averaged 0.8 days. Family Doctors averaged 1.3 days and Chiropractors averaged 1.6 days. Therapists and Orthopedic Surgeons averaged a wait time of 2.4 days, and General Surgeons averaged a wait time of 2.6 days.

Neurologists (average wait = 4.9 days) and Pain Management Specialists (average wait = 5.0 days) show the longest delays. Nineteen injured workers reported waiting more than 15 days for an appointment with a Neurologist and 16 reported waiting more than 15 days for an appointment with a Pain Management Specialist.



Overall Experience

The most common response (337 mentions) was that the experience was satisfactory, with adequate care and no complaints, indicating that a substantial portion of injured workers felt the system worked for them.

Many respondents (122) urged others to report injuries promptly, seek immediate treatment, and learn their rights, underscoring the value of early, informed action in navigating the system.

Tracking and Comparisons

Timely Access to Quality Care

Timely access to quality care remains one of the priorities for this study; therefore, survey questions were asked to determine the timeliness of care and to measure the quality-of-care metrics relating to communication of diagnosis and treatment plans.

Timely Access to Appropriate Care	**2020**	**2021**	**2022**	**2023**	**2024**
Seen by a doctor within 48 hours	80%	80%	82%	83%	83%
Doctor explained injury	70%	65%	69%	71%	73%
Doctor discussed treatment options	62%	59%	61%	59%	62%
Doctor gave diagnosis (this question was changed in 2021 from "*My doctor gave me a correct diagnosis"*)	55%	54%	57%	58%	53%
Rights and Duties					
Rights and Duties explained at injury** (in	44%	64%***	60%	60%	61%

2019, 2020 this included "within 48 hours"; since 2021 this was modified to "a few days")					
Patient Satisfaction					
Overall, Extremely Satisfied, Very Satisfied or Moderately Satisfied with care	86%	85%	86%	87%	86%
Medical care Much Better, Somewhat Better or Similar/Same as other healthcare	82%	83%	84%	84%	82%
Satisfied with timing of return to work	47%	50%	49%	47%	51%
Lost Time & Return to Work					
Percent without other injury after return to work	89%	90%	89%	89%	86%

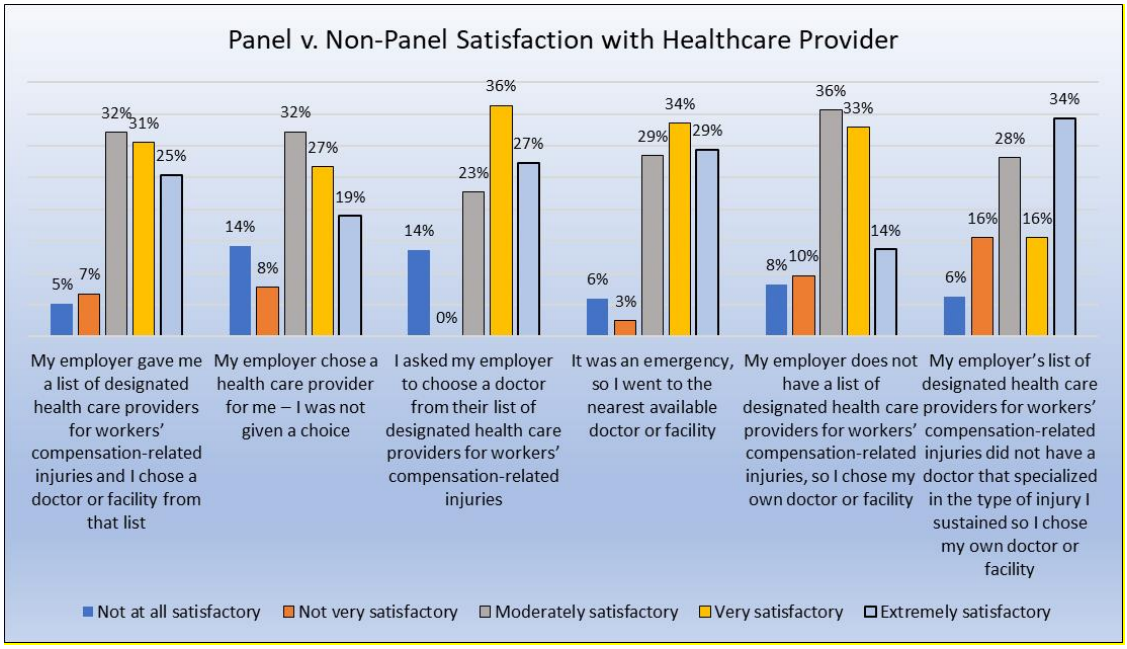
*99% confidence, +-3% Margin of Error
**Only injured workers subject to use of panel included
***This increase could be a result of the change in language for this question

Panel v. Non-Panel Satisfaction with Healthcare Provider

The highest rate of *very satisfied* responses (36 percent) came from those who asked their employer to choose a provider from the designated list. This group also had a strong extremely satisfied rate (27 percent) suggesting that collaborative selection leads to better outcomes.

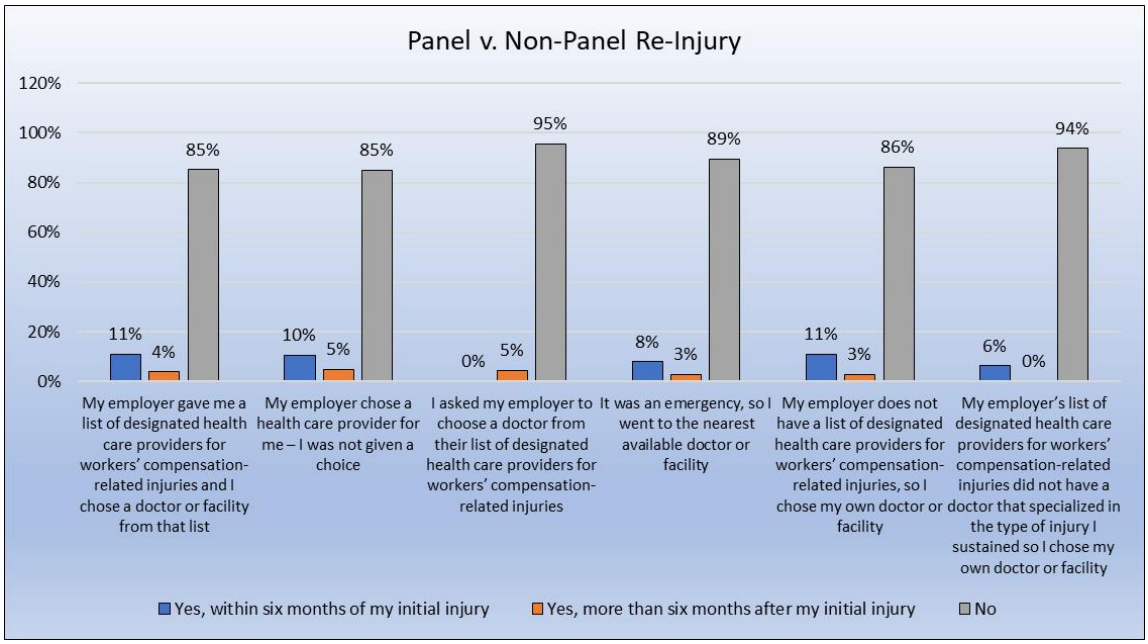
Workers who sought emergency care on their own also reported high satisfaction, with 63 percent of respondents reported they were *very* or extremely satisfied. When workers chose their own provider outside of a panel 34 percent reported they were extremely satisfied when no specialist was listed. A total of 69 percent reported they were either satisfied or extremely satisfied when no panel existed at all.

Across all groups, 23 percent to 36 percent of responses fell into the moderately satisfactory category, indicating a consistent baseline experience regardless of provider selection pathway.



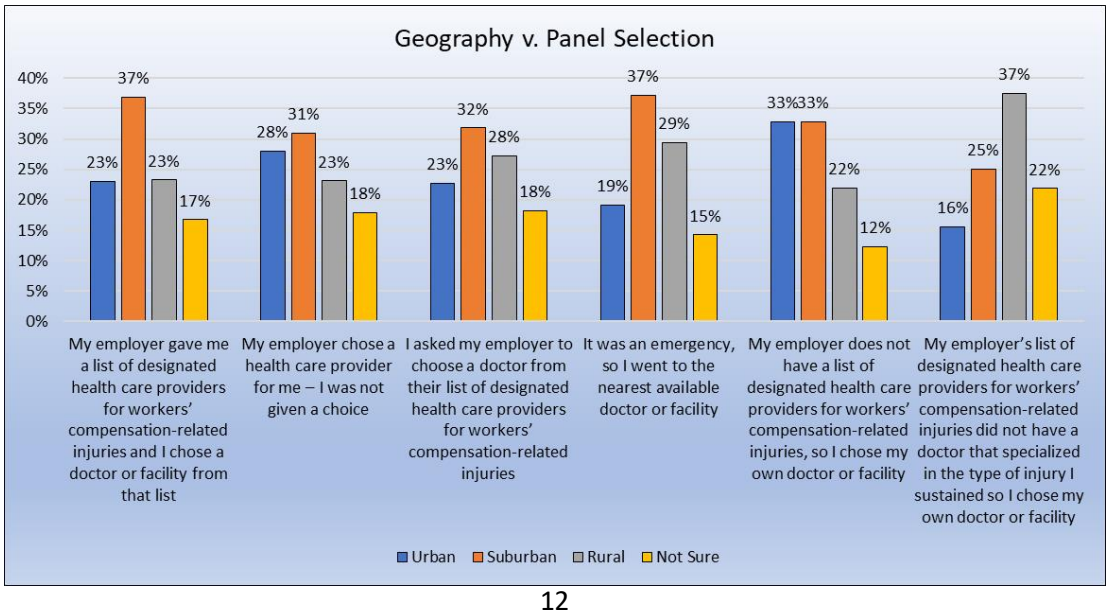
Panel v. Non-Panel Re-Injury

Eleven percent of those who chose a provider from an employer's panel list reported being re-injured within six months. Ten percent of those who were assigned a provider without choice also experienced a second injury within six months. These are the highest early re-injury rates of any group.



Geography v. Panel Selection

Thirty-seven percent of suburban respondents said they chose from a list of designated providers. A higher share of rural (22 percent) and urban (33 percent) workers indicated that no list of designated providers was offered, and they selected their own. Thirty-seven percent of suburban and 29 percent of rural respondents reported seeking treatment due to an emergency—higher than urban (19 percent).

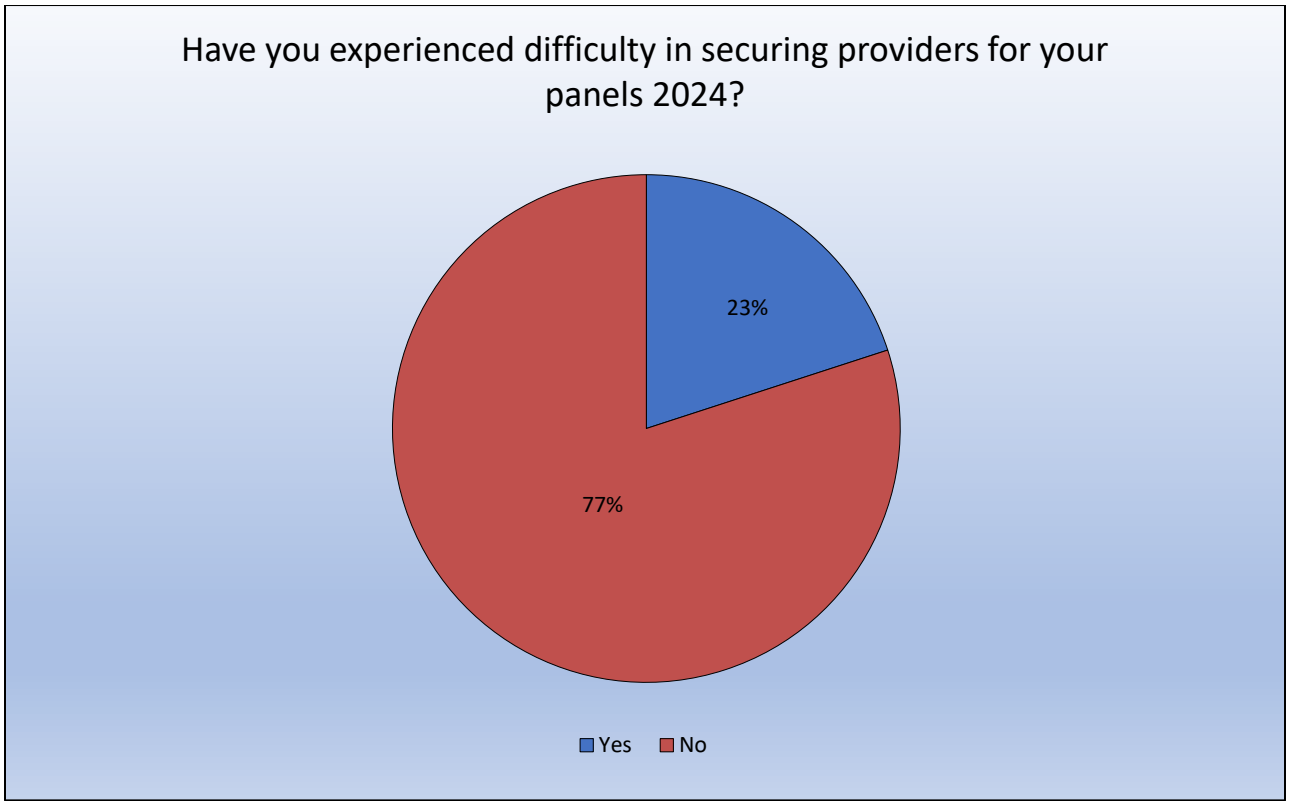


Insurance Carrier Survey

Panel Providers

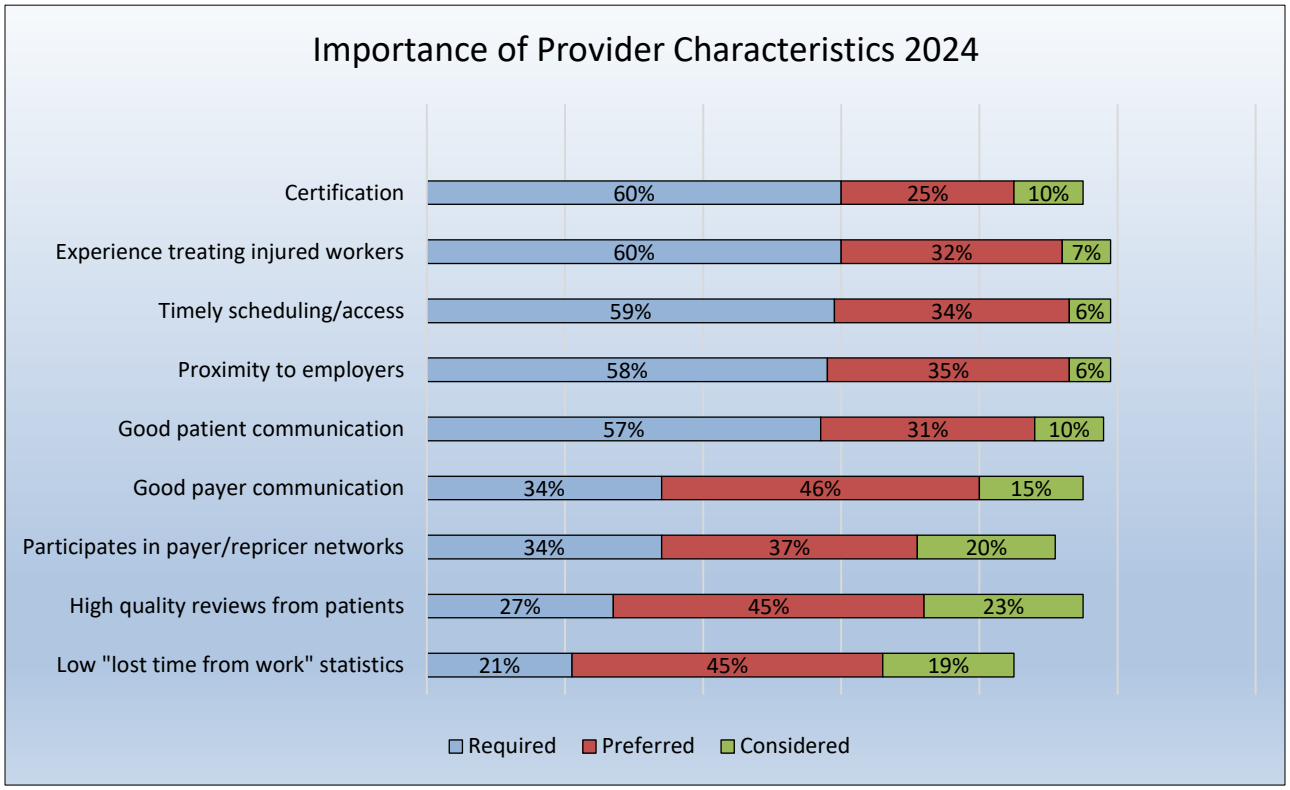
Eighty-three percent of the insurance carriers surveyed in 2024 offered healthcare provider panels to their claimants. The top provider types targeted for panel recruitment were Orthopedic Surgeons (80 percent), Urgent Cares (77 percent), Workers' Compensation/Occupational Medicine Doctors (75 percent), and Physical, Occupational, and/or Speech Therapists (62 percent).

Seventy-seven percent of insurance carriers expressed no difficulty in securing healthcare providers for their panels, while another 23 percent experienced challenges. Healthcare providers presenting the greatest challenges in recruitment and retention were Orthopedic Surgeons (27 percent), Workers' Compensation/Occupational Medicine Doctors (21 percent), Psychologists/Psychiatrists (21 percent), and Neurologists/Neurosurgeons (21 percent). This is consistent with the 2023 findings overall, but Psychologists/Psychiatrists and Neurologists/Neurosurgeons have seen a several percentage point jump in retention challenges in 2024.



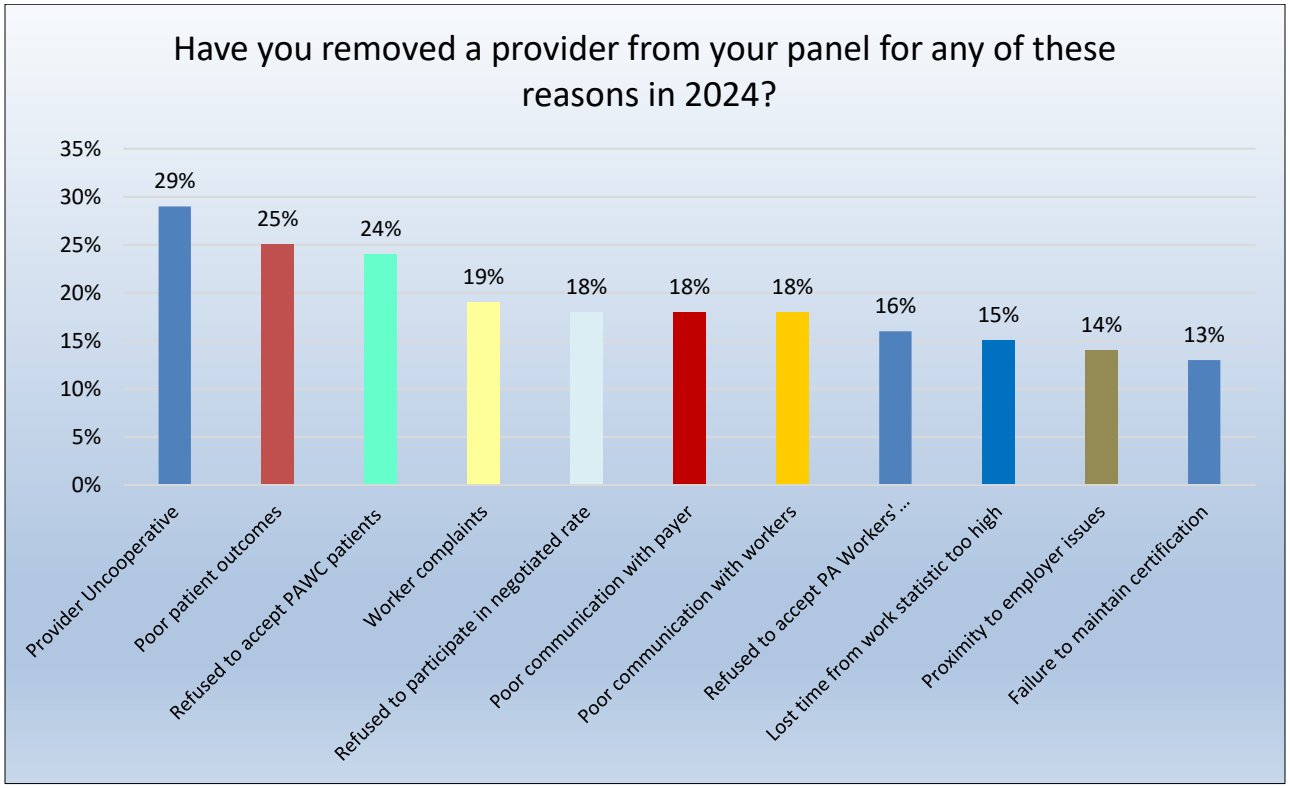
Recruitment

Insurance carriers were asked which characteristics they consider when determining whether to include a healthcare provider on their panel, and whether those characteristics were *required* or *preferred*. The most frequently *required* characteristics were "certification" (60 percent), "experience treating injured workers" (60 percent), "timely scheduling" (59 percent)," "proximity to employers" (58 percent), and "good patient communication" (57 percent). The least required attributes were "low lost time from work statistics" and "high-quality reviews from patients."



Dismissal

The most common reasons insurance carriers removed healthcare providers from a panel in 2024 included the healthcare provider was "uncooperative or provided a negative experience" (29 percent), "poor patient outcomes" (25 percent), "refused to accept PAWC patients" (24 percent), and "worker complaint" (19 percent).



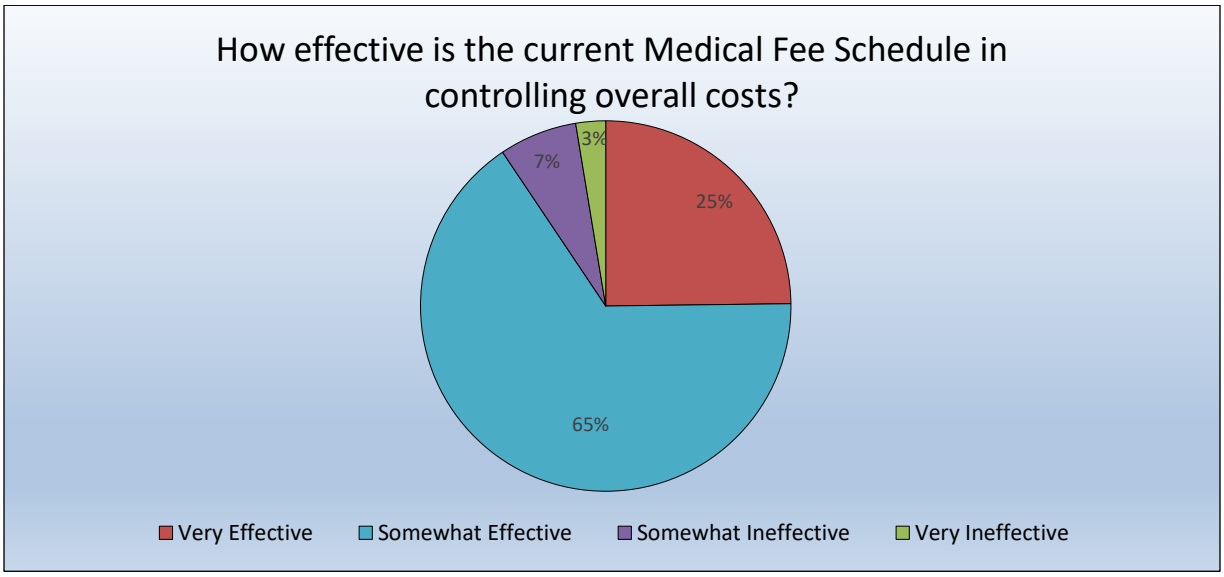
Inclusion of Repricing and Medical Fee Schedule Questions in 2024

In the 2024 version of the Insurance Carrier Survey, a new set of questions was introduced focused on the effectiveness of the Pennsylvania Workers' Compensation Medical Fee Schedule and the growing role of repricing efforts in the industry.

These questions were designed to explore the balance between controlling costs and ensuring timely, high-quality care for injured workers - especially in light of increased usage of third-party repricers and administrative interventions. The findings from these questions will help inform policy discussions on rate adequacy, fee schedule updates, and provider network sustainability.

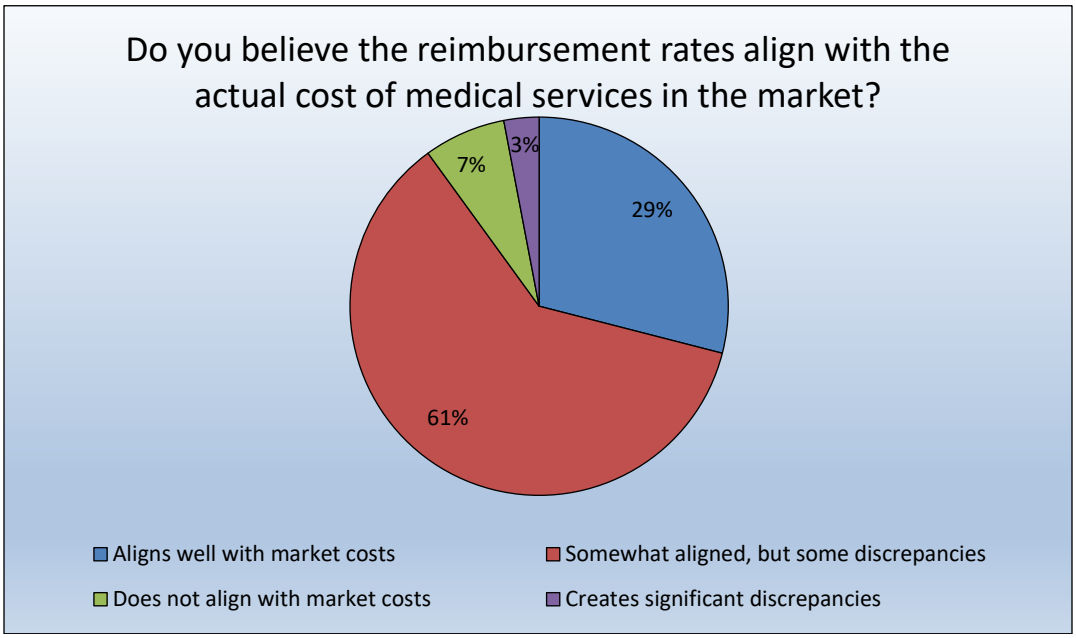
Medical Fee Schedule Effectiveness

A combined 91 percent of respondents rated the Medical Fee Schedule as either "very effective" or "somewhat effective," indicating broad confidence in its role as a cost containment mechanism. Only nine percent found it to be ineffective to any degree, with just three percent labeling it "very ineffective."



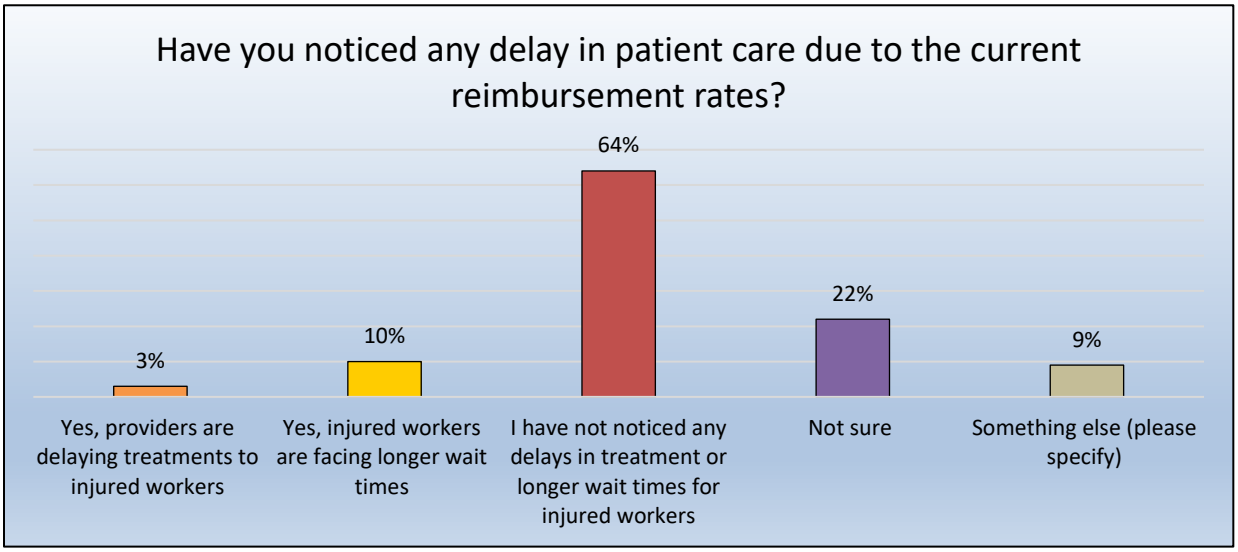
Alignment of Reimbursement Rates with Current Costs

A combined 90 percent of respondents believe the Medical Fee Schedule either aligns well or is somewhat aligned with market costs. Sixty-two percent indicated the schedule is "somewhat aligned, but with discrepancies," suggesting moderate concerns about accuracy or fairness in certain clinical areas or geographic markets. Only 10 percent of respondents felt the Medical Fee Schedule does not align or creates significant discrepancies.



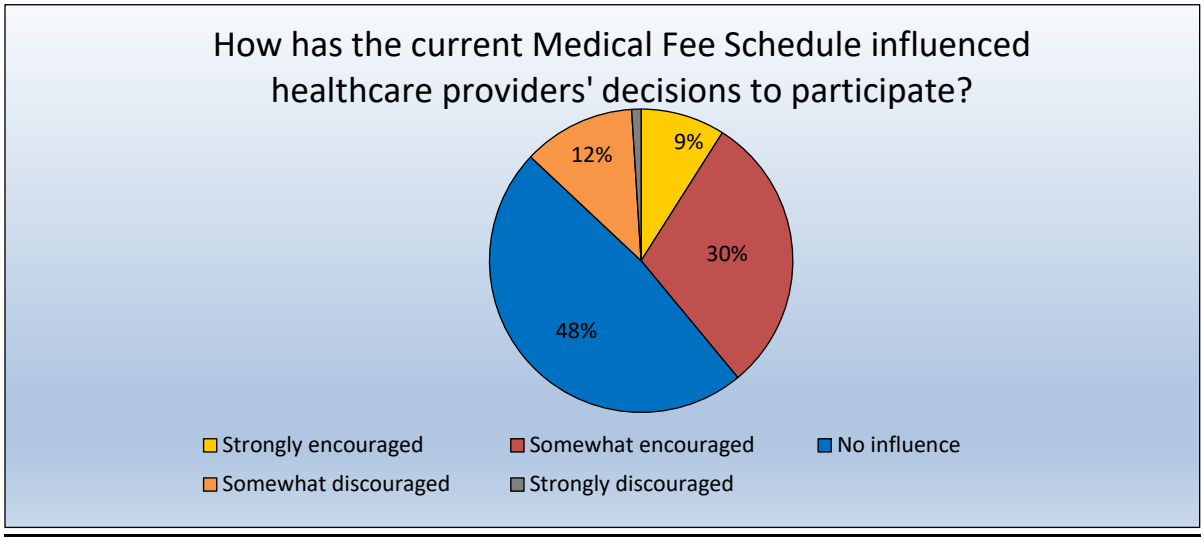
Perceived Impact on Reimbursement Rates on Access to Care

A combined 13 percent of respondents reported perceived delays in care—either from providers delaying treatments (three percent) or patients facing longer wait times to see specialists (10 percent)—as a result of reimbursement rates. A clear majority (64 percent) reported no observed delays tied to reimbursement levels. However, the 22 percent who responded "not sure" signals some uncertainty within the system—potentially reflecting inconsistent visibility into care delays or varying impacts across provider types or regions.



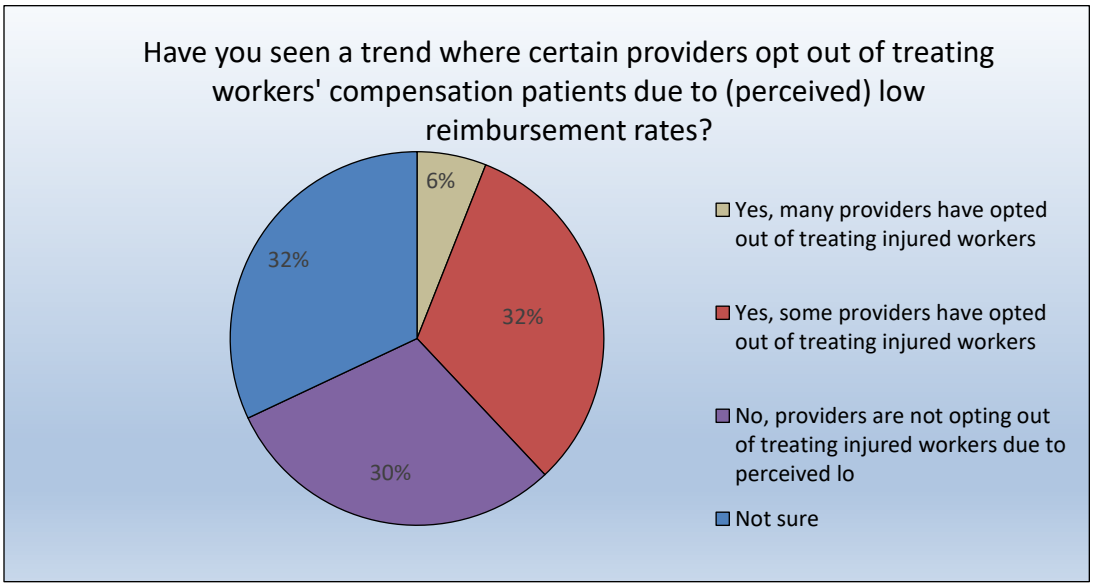
Influence of the Medical Fee Schedule on Provider Participation

A combined 39 percent of respondents said the Medical Fee Schedule has encouraged provider participation, either strongly or somewhat. Nearly half (48 percent) of respondents reported no influence and 13 percent of respondents indicated the Medical Fee Schedule has discouraged participation to some degree.



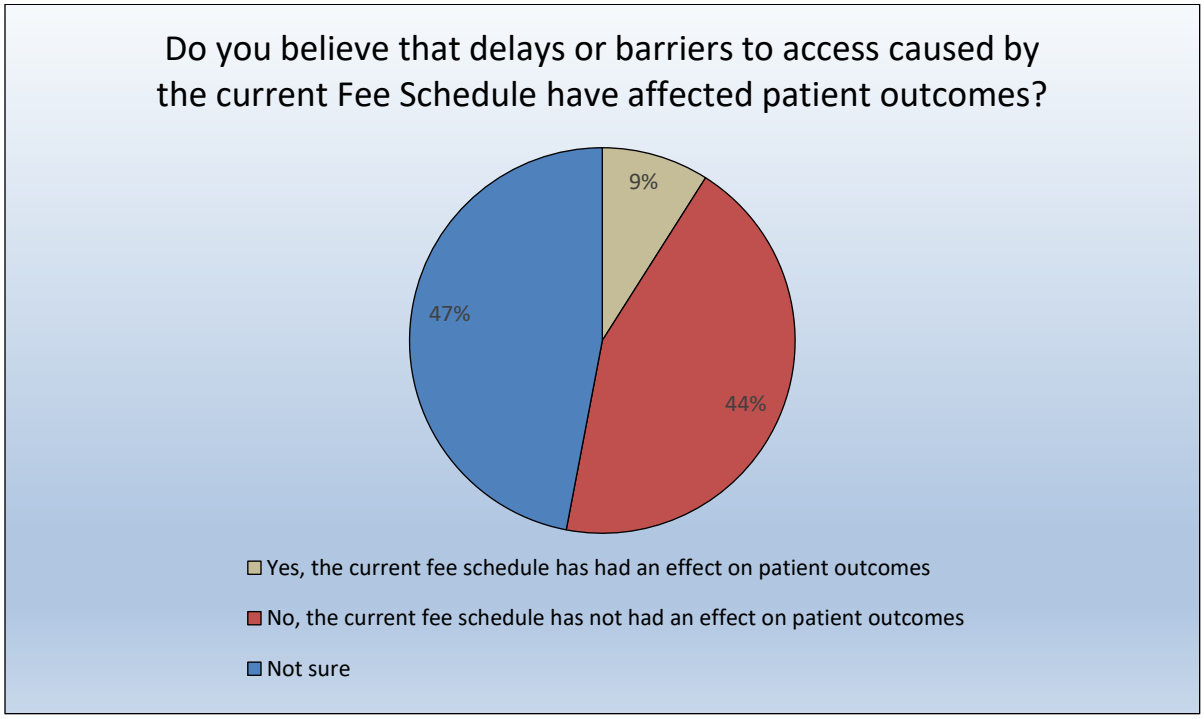
Perceived Provider Opt-Out Trends Due to Low Reimbursement Rates

A combined 38 percent of respondents reported that some or many providers are opting out of treating workers' compensation patients due to low reimbursement rates. Thirty percent reported seeing no evidence of opt-outs related to reimbursement, suggesting more than two-thirds of respondents either believe it's occurring or are unsure. The high level of uncertainty (32 percent) may reflect limited visibility into provider decision-making or variability across regions and provider types.



Perceived Impact of Delays or Barriers to Access Caused by the Medical Fee Schedule on Patient Outcomes

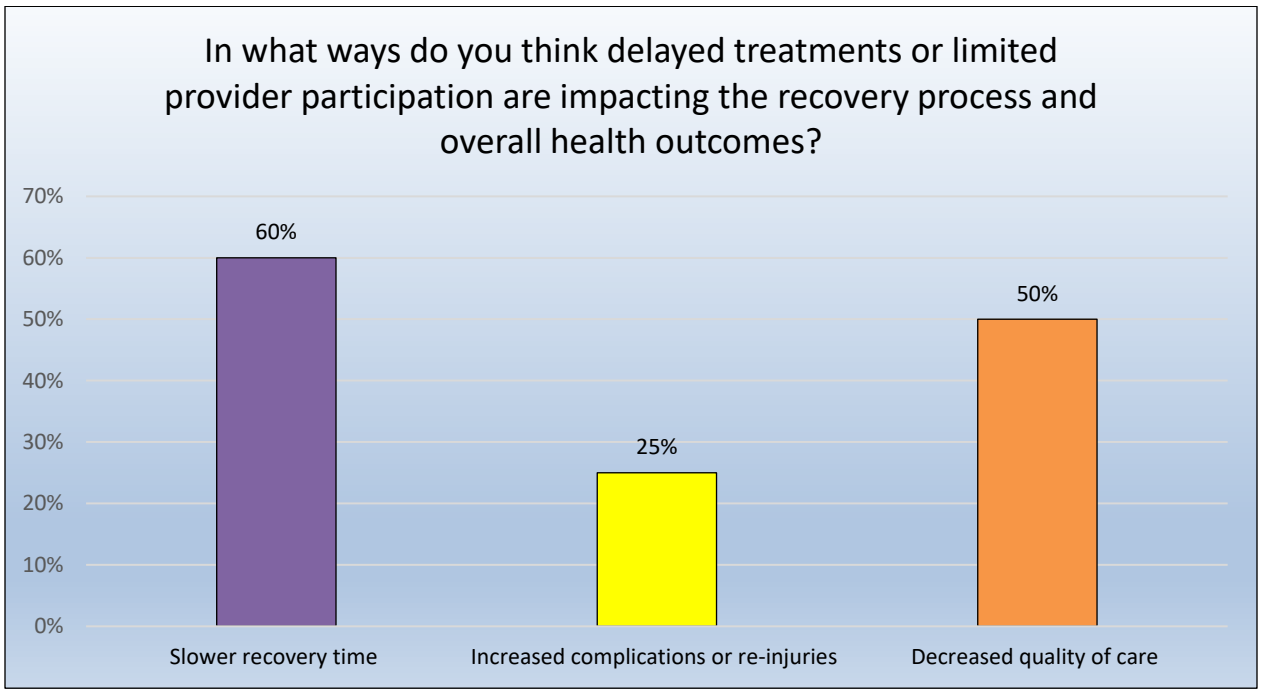
Only nine percent of respondents believe that the current Medical Fee Schedule is actively contributing to poorer patient outcomes through delays or access barriers. Forty-four percent of respondents reported no perceived impact on outcomes. Notably, a large share (47 percent) said they were unsure, which reflects a significant level of uncertainty or limited visibility into how reimbursement practices translate into clinical effects.



Impact of Delayed Treatment and Limited Provider Participation on Recovery Outcomes

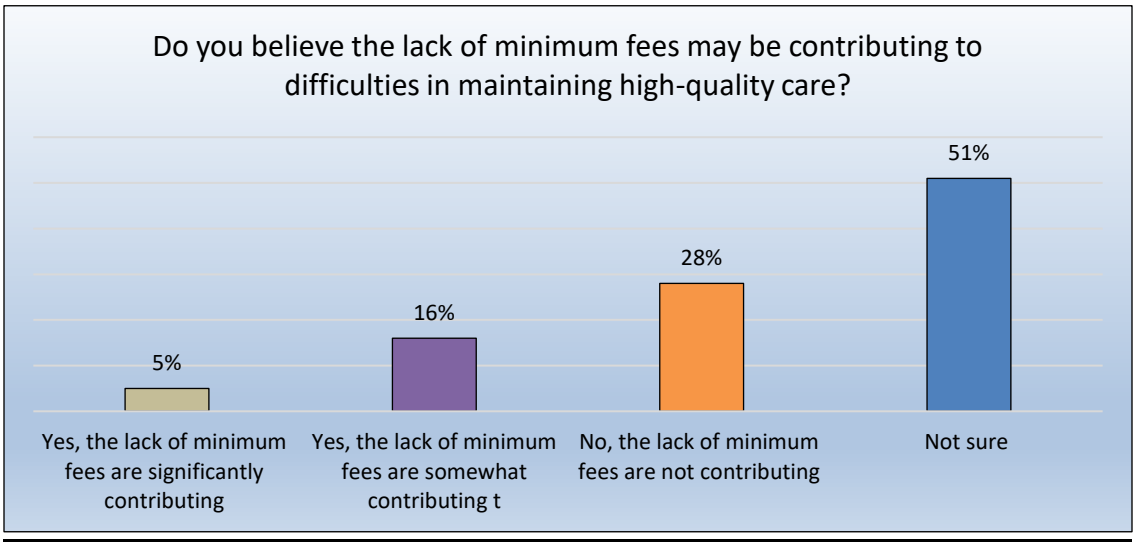
Although the number of respondents to this question was small (N=14, or nine percent of the total N) since it was contingent on the prior question's (above) skip pattern - the responses offer insight into how system-level constraints could lead to longer disability periods, diminished health outcomes, and greater long-term costs.

Slower recovery time was the most frequently cited consequence (60 percent). Decreased quality of care (50 percent) was also a major concern. A smaller, but important portion of respondents cited increased complications or re-injuries (25 percent).



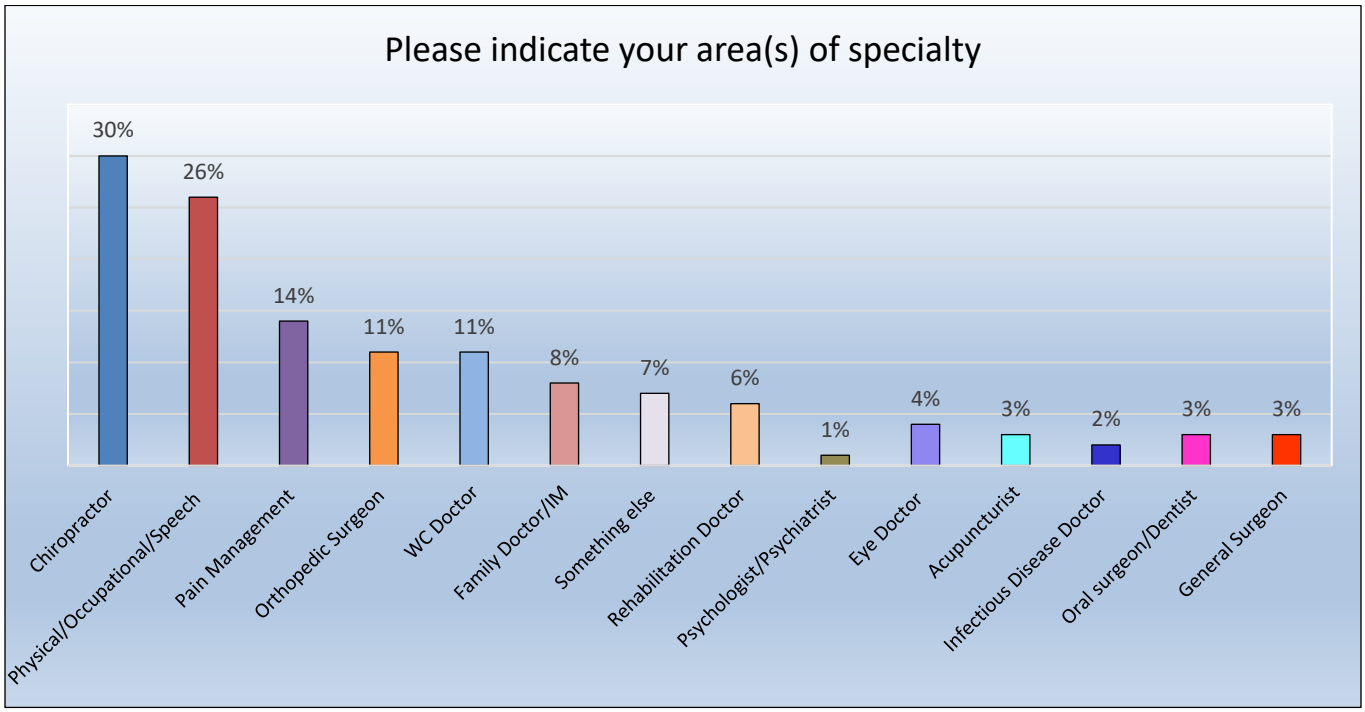
Perceived Impact of the Lack of Minimum Fees on Quality of Care

A combined 21 percent of respondents believe that the lack of minimum fees is contributing—either significantly or somewhat—to difficulties in maintaining high-quality care within the system. Just over one-quarter (28 percent) said it is not a contributing factor, suggesting that some stakeholders see adequate care being maintained despite reimbursement variability. A majority of respondents (51 percent) said they were unsure.



Healthcare Provider Survey

A strong majority (94 percent) of the healthcare provider surveyed in 2024 reported recent experience treating injured workers, affirming that the survey sample is highly relevant to Pennsylvania's workers' compensation system. Forty-one percent of respondents indicated that they or a colleague had served on a provider panel in the last three years. Chiropractors, Physical, Occupational, and/or Speech Therapists, Pain Management, and Orthopedic Surgeons comprised the majority of the survey responses. Multiple selections were allowed to account for providers who offer a broad range of specialties at their practices.



Reimbursement Compared to the Medical Fee Schedule for Panel Providers

Forty-six percent of panel members stated the reimbursement received is "always" or "usually" the same as the Pennsylvania Workers' Compensation Medical Fee Schedule (this is up 16 percentage points from 2023). However, 26 percent reported routine discounting, including 16 percent who said they are usually reimbursed more than 20 percent below Medical Fee Schedule rates—raising concerns about the financial sustainability of panel participation. Twenty-three percent said reimbursement "varies too much to say," highlighting inconsistency in how rates are applied across cases or carriers.

Invitations to Join Workers' Compensation Provider Panel

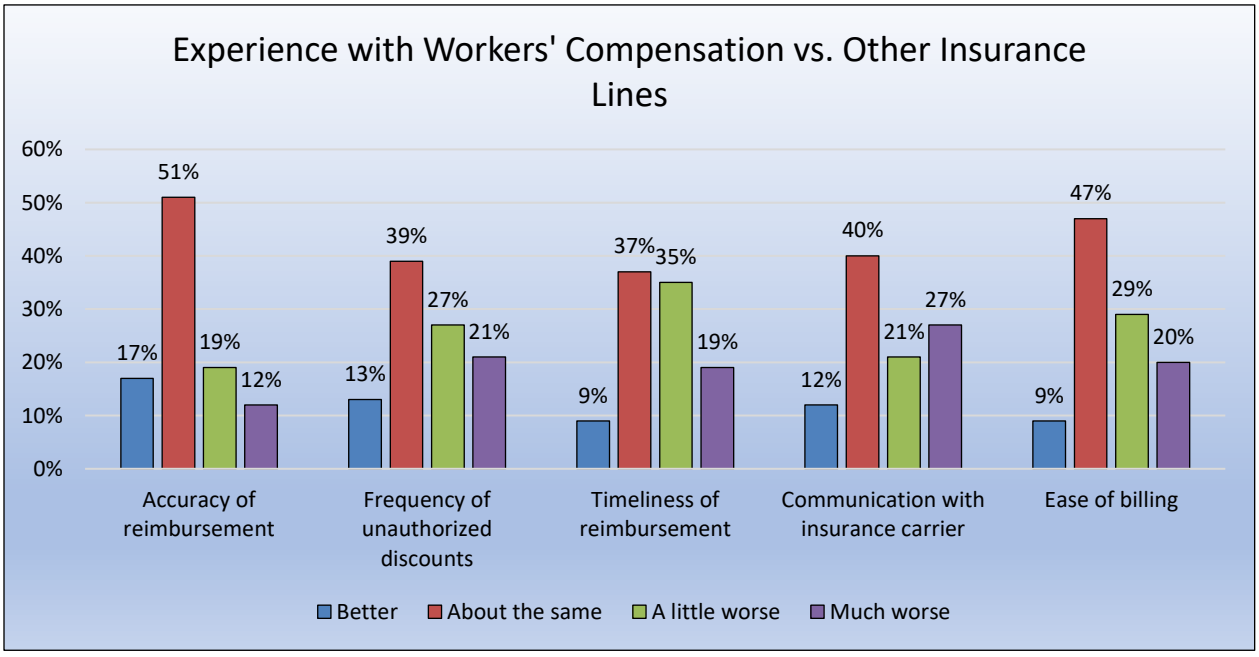
Only 21 percent of respondents reported receiving and accepting invitations to join a provider panel in the past year. A small number (seven percent) reported declining invitations. A significant majority (72 percent) reported no invitations at all.

Limiting Treatment Due to Reduced PPO Reimbursement Rates

Fifteen percent of respondents acknowledged limiting care or product provision for workers' compensation patients due to reduced PPO reimbursement rates. This number is a decrease over 2023.

Workers' Compensation Compared to Other Insurance Lines

When asked about how their experience with workers' compensation compared to experiences with other insurers, across all categories, the most common provider response was "about the same". Accuracy of reimbursement was viewed most favorably, with 68 percent saying it is either better or about the same as other insurers. Only 12 percent found it much worse. Communication with insurance carriers drew the most negative sentiment, with over 48 percent saying it is worse than with other payers, including 27 percent who rated it "much worse"—the highest single negative rating across all categories. Ease of billing also revealed strain, with 49 percent saying it's worse than with other insurers.



Utilization Review

The Act provides for the process of medical treatment review under Section 306(f.1) (6). This utilization review (UR) process provides for the impartial examination of the reasonableness or necessity of medical treatment rendered to or proposed for work-related injuries and illnesses. A UR request is made by either the insurance carrier, the employer, or the injured worker to determine if the medical treatment being given by a particular healthcare provider is reasonable and necessary. Healthcare providers were asked a set of questions regarding the relationship between utilization reviews and the treatment they provide their injured worker patients.

This question only provides insight into whether a provider has ever had a UR request that caused treatment or payment delays or referrals and does not necessarily indicate that the healthcare provider's management of treatment that is the subject of a pending UR request is always the same.

Question	Yes	No
Utilization Review in Past 12 Months	82%	18%
In the past 12 months, did you have to delay treatment, a prescription, or product to an injured worker while you waited for utilization review determination? *	53%	47%
In the past 12 months, did you treat an injured worker, or provide a prescription or product without receiving payment, because you were waiting for a utilization review determination?*	73%	27%
In the past 12 months, did you have to refer an injured worker to another provider, pharmacy, or product provider because a utilization review found the treatment you were providing was unreasonable/unnecessary?*	31%	69%

*From the 82% who have had a utilization review in the past 12 months

Awareness of Pennsylvania's Opioid Guidelines for Workers' Compensation

Fewer than half of respondents (45 percent) confirmed that they had read the guidelines. Forty-one percent had not read them, and an additional 14 percent were unsure.