

October 22, 2015 Industrial Insurance Medical Advisory Committee Meeting

Draft Minutes (*actions taken)

<u>Topic</u>	<u>Discussion & Outcome(s)</u>
<p>Members present: Drs. Chamblin, Friedman, Gutke, Harmon, Howe, Lang, Seaman, Thielke, Waring, Haines, Carter (on phone)</p> <p>Members absent: Drs. Tauben, Leveque, Zoltani</p> <p>L&I staff present: Leah Hole-Marshall, Gary Franklin, Lee Glass, Bob Mootz, Carly Eckert, Nicholas Reul, Simone Javaher, Jami Lifka, Ian Zhao, Zach Gray,</p> <p>Public: None</p>	
<p>Welcome, Introductions, Minutes, Announcements</p>	<p>Dr. Chamblin introduced IIMAC's newest member representing osteopathic medicine, Dr. Monica Haines; welcomed Dr. Carly Eckert, new Associate Medical Director at L&I and Barbara Braid, new Clinical Nurse Specialist at L&I (manages units of Occupational Nurse Consultants and supervisors). Dr. Friedman agreed to lead the meeting at the request of the chair.</p> <p>*The minutes were read and approved unanimously.</p>
<p>Advisory Committee on Healthcare Innovation and Evaluation (ACHIEV)</p>	<p>Leah Hole-Marshall updated the committee on the morning's ACHIEV meeting. Latest developments for the Healthy Worker 2020 project:</p> <ul style="list-style-type: none"> • MPN members must follow L&I treatment guidelines. Recognized that in some cases, circumstances beyond the surgeon's control can result in exceptions or delays. Guidelines are meant to apply to majority of cases but it is not always appropriate therefor documentation as to why the treatment differed from the guideline should be included. • When a provider delivers a service, s/he has to provide documentation of best practices if the provider wants to be in Top Tier. • There may be different best practices for providers and pain specialists when it comes to treating pain. • For every 1% increase in use of generic drugs, in a medically appropriate way, L&I will save \$1 million demonstrating a high utilization rate.
<p>Bio-psycho-social practice resource (BψS)</p>	<p>Dr. Bob Mootz explained approach and goals of this upcoming best practice resource. It is a joint IIMAC and Industrial Insurance Chiropractic Advisory Committee (IICAC) subcommittee co-chaired by Dr. Thielke (IIMAC) and Dr. Lawhead (IICAC). Best practices for self-efficacy, fear avoidance, and early activation were discussed because there are negative responses to injury or disease that are common in everyday life and have a significant impact on recovery, but do not rise to the level of psychiatric disease. Having this knowledge and the skills to address them should be routine elements of care for every primary care provider. The goal is to build access to practitioners with skills in occupational medicine so chance for optimal recovery is improved. The literature shows this approach has substantial promise to improve outcomes. Another goal is to avoid forming this into an unworkable mandate that makes it difficult to implement with no prior authorization requirements. Dr. Mootz and his team hope to have a draft of screening options ready by the end of the year and want the complete resource to be available in Spring 2016. In addition, he let the committee know that IICAC is also developing a best practices resource for clinical documentation in workers' compensation. It will focus on the problem-oriented medical record that will also help document the worker's functional improvement over time. A</p>

	critical factor is identifying specifically the work-related conditions in the clinical documentation; there is no standardized format. There will also be the challenge of disseminating this across the provider population and encouraging its adoption.
Catastrophic Care Transformation Plan	<p>Recap of department's 5-point plan for improving care for catastrophically injured workers:</p> <ol style="list-style-type: none"> 1. Establish dedicated L&I assignments for catastrophically injured workers (Occupational Nurse Consultant (ONC) & Claim Manager (CM)) 2. Conduct request for information/request for proposal for external catastrophic care management services 3. Establish a Centers of Occupational Health & Education (COHE) catastrophic health services coordinator role 4. Establish initial Center of Excellence—for Amputee Care 5. Design prospective evaluation for catastrophic management <p>Program is aimed at expanding efforts to improve care and outcomes by establishing and incentivizing best practices. Earlier this month, L&I strategically restructured internal resources and processes to provide best assistance to injured workers. L&I testified in a House committee meeting last month regarding the catastrophically injured worker, how to make the program, Top Tier, and the Healthy Worker 2020 plan consistent with the healthier WA purchasing strategy. Goal is value based purchasing and improved outcomes. The scope is comprehensive, to coordinate with or include relevant safety and health measures and prevention strategies. L&I will consider use of telemedicine to increase capacity for services and responsiveness. Occupational Health Management System (OHMS) has been a great strategy for coordinating and tracking communications on these claims.</p> <p>RFP update: designed to bring nurse case management and life care planning together; received five responses. In addition to the newly defined ONC/CM role, the goal is to assign a nurse case manager from the vendor, as soon as a catastrophic claim has been identified according to the referral criteria. There are two different payment options for them: one that is value based and one that is hourly. Expected services will be delivered at any time throughout the life of the claim.</p> <p>Question asked if this program's definition of catastrophic injuries is the same as that of the Top Tier program. Response: somewhat; it's open to evaluation and change depending on the needs of workers.</p>
Knee guideline and subcommittee update	Dr. Chris Howe, chair of the knee surgery subcommittee, gave an update on the progress of the guideline. The subcommittee met only once (in Sept) since the last IIMAC meeting but made progress on Autologous Chondrocyte Implantation and Meniscal Allograft Transplantation and finalized criteria questions on other procedures (presented on slide). Decided arthroscopy for diagnostic purposes may be allowed if suspect false negative results on MRI or patient cannot have MRI. More work needed but on track to complete it by end of the year. November meeting will address partial and total knee arthroplasty. A high BMI and presence of osteoarthritis reduce chances of good outcomes.
Health technology assessment updates	Ian Zhao presented summary of HTA program work in 2015 and upcoming topics for 2016. November 20 th is the Health Technology Clinical Committee's meeting where a re-review of the original decision on lumbar fusions will be discussed and decided. Provided information on how IIMAC members can participate in and track HTA events.
Treatment guideline prioritization	Discussed the merits of doing an entirely new lumbar fusion guideline or just updating it, which may be needed after the November HTCC meeting. The current guideline has not been revised since 2001 except for the update that was needed to include the Structured Intensive Multi-disciplinary Program (SIMP) requirements that stemmed from the 2007 HTCC decision. L&I has not seen a significant positive effect of having workers with uncomplicated degenerative disc disease complete a SIMP. We're



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	<p>planning to re-evaluate this as part of the Healthy Worker 2020 project.</p> <p>L&I reviewed what new medical literature has been published since the Neurogenic Thoracic Outlet Syndrome guideline was written in 2010. No evidence was found to indicate the current guideline should be changed.</p> <p>Discussed the need to have a new guideline for ankle and foot surgery, especially since the current one was completed in 1992 and utilization review occurs only when these surgeries are performed in the inpatient setting. The IIMAC members all agreed a new ankle and foot guideline should be developed.</p>
L&I Updates	<p>The beryllium guideline was finalized and is posted on the L&I website.</p> <p>Jami Lifka demonstrated the new web pages with the changes IIMAC had requested on the L&I website pertaining to mental health services, the new rules, and the DSM-5 changes. IIMAC acknowledged Jami for all the work she did on this.</p>
Adjourn	<p>Meeting was adjourned at 5:00.</p>