

April 24, 2014 Industrial Insurance Medical Advisory Committee Meeting

Approved Minutes for Meeting

*action item

Topic	Discussion & Outcome(s)
	<p>Members present: Drs. Bishop, Carter, Chamblin, Friedman, Gutke, Harmon, Howe, Lang, Nilson, Seaman, Thielke, Waring, Zoltani</p> <p>Members absent: Dr. Tauben</p> <p>L&I staff present: Gary Franklin, Lee Glass, Leah Hole-Marshall, Teresa Cooper, Bintu Marong, Ian Zhao, Joanne McDaniel, Hal Stockbridge, Jami Lifka, Denise Santoyo, Laura Baune, Steve Reinmuth, Vickie Kennedy, Nicholas Reul, Bob Mootz, Ryan Guppy</p> <p>Public: Susan Ragen, Regine Neiders, Susan Scanlon, Ellen Wenzel</p>
Welcome and Introductions	<p>Dianna Chamblin opened the meeting with introduction of our newest member, Dr. Linda Seaman, family medicine and occupational medicine, Yakima; as well as a re-welcome for Dr. Gutke, who is attending his second meeting. Introductions were made around the table. *The minutes of the January meeting were read and approved without changes.</p>
Update on ACHIEV committee	<p>The Advisory Committee for Healthcare Innovation and Evaluation met today right before the IIMAC. Dianna Chamblin is the chair of the ACHIEV, and gave an update on their meeting. News about the medical provider network: over 20,000 providers are enrolled. One provider who was denied admission to the network has appealed, and the department's decision was upheld at the Board of Industrial Insurance Appeals. Vickie Kennedy of L&I gave a brief update on the 5 goals and LEAN process improvements.</p> <p>A member asked if there is new data on morbidity and mortality related to opioids. That is not available today but will be soon.</p> <p>Updates also included COHE metrics, the Occupational Health Management System (OHMS), and top tier criteria for the provider network.</p>
Practice Resources from the Industrial Insurance Chiropractic Advisory Committee (IICAC)	<p>Bob Mootz presented the IICAC's 4 recently updated practice resources: carpal tunnel syndrome, epicondylitis, shoulder conditions, and functional improvement. These are resources on non-surgical care that can be used by anyone. They are available on the L&I website. Upcoming work will include a foot and ankle care resource, low back pain, and behavioral health. Some of these should be IIMAC/IICAC coordinated projects, as with the shoulder guideline. These practice resources are drawing interest from other states, and have been adopted as curricula by some colleges of chiropractic. Members would like to see this incorporated into electronic medical records. A member asked if they are used much inside L&I. The answer is probably not as much as they could be. They could be very useful for nurses and clinical consultants.</p>
Provider Education Update	<p>Hal Stockbridge presented the new job analysis cover sheet that is optional for use by vocational counselors; should make the provider's job easier in reviewing jobs. The department would like to know how we can do a better job of making providers aware of the work of the OMD and the advisory committees, such as the new guidelines and practice resources. We rely heavily on the provider listserv, which contains only a small fraction of our actual health care providers. Here are some of the suggestions:</p> <ul style="list-style-type: none"> • If we don't have a provider's email address, we can often figure it out by what organization they belong to • Make it mandatory for providers to include an email address on their provider network application/account, or during the re-credentialing process • Require a CME activity or some kind of knowledge review to be a network



	<p>provider</p> <ul style="list-style-type: none"> • Send emails to large organizations of providers, examples Virginia Mason, Proliance, etc. • Get a tag-on on the L&I TV ads • Have COHE's include news in their performance feedback to providers • Get notices on bulletin boards at hospital medical staff offices • Use touch points, like UR approval; "push" notifications • Don't completely give up on snail mail; some still like it for seminar notifications • Encourage more frequent training of providers—emphasize free CME • Add notices to claims letters • Add note to report of accident • Work with new doctors, who can be overwhelmed by the workers' comp system • Occupational health facilities market themselves to providers. Could include some information here. • Have IIMAC members send the draft preliminary out to their colleagues • Providers care about their patient satisfaction ratings. Being familiar with L&I policies has helped improve these scores
<p>Updated guideline for acute cauda equina syndrome</p>	<p>The guideline for acute cauda equina syndrome will be removed from the National Guideline Clearinghouse if we do not submit a re-review by August 2014. Bintu Marong and Bob Lang (the author of the 2009 guideline) did a review of the literature since this guideline was created. Acute cauda equina syndrome is almost always a surgical emergency. There is some dispute over the timing of the surgery, but the group agrees that should be left to the discretion of the surgeon. There was some discussion about whether it is possible to have "chronic" cauda equina syndrome. The charge of the group is to answer the question "is there anything compelling enough in the recent literature to compel changes to our present guideline?" The researchers did not find any changes in diagnosis or treatment of cauda equina. Bob Lang recommended one change of adding bladder scan to the diagnostic test section, and Bintu rearranged the guideline table to be more similar to our other recent guidelines.</p> <p>*The committee agreed by consensus to adopt the proposed changes.</p>
<p>Update from cervical guideline subcommittee</p>	<p>Bob Lang gave the update on the subcommittee's work. They have had 3 meetings so far, and are currently working on whether to recommend foraminotomy or ACDF in some cases, as outcomes are the same but costs differ. It has proposed that we find some way to level the reimbursement. The causation of and recommendations for adjacent segment disease are difficult to define. The subcommittee will probably meet through the summer and present the completed guideline to IIMAC in October 2014.</p>
<p>Update on guideline progress</p>	<p>Teresa Cooper updated the committee on its recent work and timeline for new and reviewed guidelines. She showed some slides to answer the question "do our guidelines work?" For upper extremity entrapment conditions, the numbers of surgeries paid for has decreased since the guidelines' implementation. The guidelines are also accessed frequently on the NGC and L&I's website.</p> <p>The cervical conditions guideline will be complete this summer or fall, and the committee needs to choose its next full guideline. Information was presented on the need for guidelines for foot/ankle, and for knee surgeries.</p> <p>*The committee agreed by consensus to start work on the knee surgery guideline after cervical is finished.</p>
<p>Update on recent HTA decisions</p>	<p>Ian Zhao presented the recent decisions from the health technology clinical committee, including a short orientation for new members. The two recent decisions were on treatment-resistant depression and facet neurotomy. The facet neurotomy decision is</p>



	<p>different from the current L&I treatment guideline, so we will have to change the guideline. A draft of the revised guideline will be presented to IIMAC for discussion at the next meeting.</p>
Strategic Vision from the Medical Director	<p>Gary Franklin presented recent statistics on health and disability in workers' compensation, and the work the agency is doing to improve worker outcomes and prevent disability. Details in the handout. Dianna Chamblin added that L&I will be piloting claims units specific to certain COHE's.</p>
Department Updates	<p>Gary Franklin introduced Nicholas Reul, the new Associate Medical Director. He outlined Dr. Reul's position, as well as the expansion of OMD with the addition of 11 new nursing positions.</p> <p>Gary Franklin talked about the Agency Medical Directors Group (AMDG) and the work they have begun to update the 2010 opioid guideline.</p> <p>Leah and Gary reviewed work to date on the psych project, and the risk of harm work.</p> <p>Greg Carter spoke to members about a publishing project he is involved in. No decision was made on the involvement of the committee or the department.</p>