Washington State Department of
Labor & Industries

Industrial Insurance Medical Advisory Committee Meeting

Meeting Minutes for October 22, 2020
Prepared by Jennifer Jonely, ONC

IIMAC Members Present

Andrew Friedman, MD (Chair)

Chris Howe, MD
Jiho Bryson, MD
Gregory Carter, MD
Laurie Gwerder, ARNP
Linda Seaman, MD
Louis Lim, MD
Kirk Harmon, MD (Vice Chair)
Robert Lang, MD
Stephen Thielke, MD
Michael Codsi, MD

IIMAC Members Not Present

Monica Haines, DO
Malcolm Butler, MD (LOA)
JC Leveque, MD

Members of the Public

Shari Fowler-Koorn, RN
Michael Harris, PhD
Regine Neiders
Terri Smith-Weller
Bobbi Meins
Tricia Daniel
Sheryl Divina
Deborah Fulton-Kehoe

Labor & Industries Staff Present

Suzyn Daniel, RN
Cheri Ward
Joel McCullough, MD
Kim Wallace
Vickie Kennedy
Jason Fodeman, MD
Nicholas Reul, MD
Ryan Guppy
Jennine Griffo
Jennifer Jonely, RN
Zach Gray
Lee Glass, MD
Jeana Weekley
Morgan Young, DC
Diana Drylie
Karen Jost
Karen Ahrens
Gary Franklin MD
Kelly Miller
Megan Lemon
Kristine Ostler
Ryan Schmautz

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Draft Minutes (*actions taken or requested)

Topic	Discussion & Outcome(s)
Welcome and Introductions	IIMAC Chair, Dr. Andrew Friedman, called the meeting to order with quorum present @ 1:06pm and welcomed all present. Safety tip: All were reminded to wear masks to slow the spread of COVID-19 Recognition of Dr. Nicholas Reul for his contributions and time at LNI. Dr. Friedman informed the group of Dr. Reul's new endeavors at DOSH. IIMAC Meeting minutes were approved for 7.23.2020*, as written. Motion to approve: Dr. Lang, Second: Dr. Thielke , with additional Ayes: 9 Nays: 0. Decisions: *Minutes approved Action Items: Follow up for outstanding OPMA training
"Top Tier" program	Jeana Weekley, Med Program Specialist 2 for Insurance Services, presented the current state and development of the "Top Tier" program that has its foundation in RCW 51.36.010 from 2010. This overview is of the pilot, which will inform the design of the program. Jeana outlined a comparison between the "Top Tier" and a COHE program, including that a provider can be in both programs. The pilot will invite high adopter providers who will apply, watch an orientation video and pass a test. The participants in the pilot must be HIE compatible. These invited high adopter providers who can qualify into the pilot are AP's; except for surgeons, (surgeons will have their own incentive program eventually). There are about 1,000 providers in our system who might qualify, but we will base the number of participants within the pilot on resources available for monitoring over an 18-month period. The goal will be to invite without bias. The suggestion of a lottery is in consideration. We will rename the program shortly so that the perceived reward of the label cannot represent the provider as clinically better than others and it must align with the legislative intent. Jeana invited members to provide input into the name of the program. We are hoping to implement in April 2021. Decisions: None Action Items: None
New Interpreter Scheduling System- Enrollment needed	Karen Ahrens, Medical Program Specialist 3 for Insurance Services provided an orientation to the new interpreter scheduling system. 2018 legislation made the department responsible for this change. We have separate contracts for telephonic interpretation (Language Link, or for a short time yet, Lionsbridge) and for face-to-face services. Providers are welcome to use telephonic services especially for urgent/emergent visits and video remote interpretative services are available at least through July 2021 related to COVID-19. LNI will pay for face-to-face interpretive services when the provider uses the scheduling system, Interpreting Works. Pre-registration is encouraged and open now. This is a big change for all, but we anticipate improvements in language service, as it is automated, efficient and will provide information back to us, for instance, where we need more interpreters, and it will provide alignment with the code of ethics for interpreters. Decisions: None Action Items: None

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Work Rehabilitation Subcommittee	Groups across the state including PT, OT associations and vocational technical stakeholders group with IICAC and IIMAC representation have finished the modified e-Delphi process to form consensus statements for the work rehabilitation guideline. Phase I, which was our foundational evidence informed consensus statements, is done and now we are working on the remarks section. The internal LNI staff is moving on to Phase II that involves review of the Draft, informing 'how do we implement?' making these statements actionable while checking that there is alignment with other programs or policies within LNI. Morgan Young is now a reviewer for the APTA guideline that is on the same topic and may benefit our work on this guideline. Morgan provided an overview of how the process of modified e-Delphi for use in guideline formation worked for the participants. We anticipate presentation of specific recommendations from this work in the next IIMAC meeting. Decisions: None Action Items: None
IIMAC Subcommittee Update: Lumbar Spine Surgery Discussion of Patient Reported Outcome Measures (e.g. PROMIS)	Dr. Chris Howe provided an update to the committee on the current state of the guideline, specifically discussing current work on lumbar fusion: • Pseudoarthrosis (relatively rare indication) and fusion for recurrent disc herniation were topics of last meeting and current criteria table was shared • Adjacent pathology, and single vs multiple level fusion criteria - up next for discussion • Fitness for surgery/optimization for surgery still needs further discussion • Open question to the committee at large: Should there be requirements for patient reported outcome measures collected prior to and after fusions and/or lumbar surgeries? Currently, we do not really know, other than RTW data, how our patients are doing after intervention. If we want to do this, the further questions would be what validated measures and how would we go about doing it? Specifically, who would collect the data? We are exploring ways on how best to do this (electronically, research, pilot?) and who should be responsible for collecting the data. Should it be the patient, LNI or the provider? What will we do with this data and how will it improve patient care? The subcommittee was excited about this prospect but we are seeking input from this parent committee for further direction and feasibility opinions. Please continue to wrestle with the discussion and provide your input as you can. Decisions: None Action Items: None
PCORI Update	This update is for a grant received a few years ago to compare the effectiveness of the opioid prescription review policies in two States. It is called the Washington and Ohio Workers study or the WOW study. The study has both quantitative and qualitative outcomes to analyze. The qualitative portion does in-depth interviews with the people who were involved in developing these policies, and key informant interviews with the patients and providers who are at the other end of receiving the policies. We recently applied for and received an extension for the study because there has been a decline in prescribing since the study started (3 years ago) and we needed more time to access the number of surveys needed (4,000) to complete the study. An interest by PCORI on the effects of COVID has added some further questions to our surveys. Our results through April 2020 show virtually no change in anxiety or depression since COVID. In addition, no changes in PT, Chiropractic or Cannabis use during COVID, however, at the 12-month mark, 36% of workers had hour reduction or furloughs related to COVID. Decisions: None Action Items: None

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Updates: **- Bree Collaborative** **- COVID-19** **- Hanford Board and Hanford Workers' Comp Claims**	**Bree Collaborative**: Dr. Franklin discussed the next Bree opioid project that will concern older adults aged 55 and beyond. Anyone who would like to participate in the workgroup is invited. The work will start January 2021. This is the only age group where the mortality rate related to opioids is increasing across the country. **COVID 19**: Vickie Kennedy provided some LNI data through the end of September. As of that time, we have 3,970 COVID claims with about 2/3 State Fund and 1/3 Self-Insured claims. Compared to total claims, which are 93,400, it is a little over 4% of our total claims load. 3,253 have been allowed, 125 denied and 592 are still pending. Currently, we are in double digits in the number of fatality cases. The health care industry, including skilled nursing centers, continues to be the majority of the claims. We are dedicating 5 claim managers or about half of a claims unit to COVID cases exclusively. **Hanford**: Dr. Reul discussed LNI having a seat on the Hanford Healthy Energy Board. This board comes out of the 2020 Legislative session and is staffed by the Department of Commerce. The board was tasked with creating a healthcare needs assessment for workers who have occupational health needs out of the Hanford site. A report is due to the Legislature by June of 2021. Also as soon as January 2021, certain contractors may have employee claims that are directly administered by the staff who run the State Fund whereas right now, the Department of Energy is functioning as a Self-Insured entity. The board meetings are Open Public Meetings so those who want more detail on what is happening there can attend. Decisions: None Action Items: None
Telehealth policy and evaluation update	Gary Franklin informed that we have managed to complete a contract between Health Services Analysis at LNI and the University of Washington to conduct an evaluation of LNI's telehealth policy. Morgan Young is the content expert from LNI and will be working with Deborah Fulton-Kehoe, Dawn Edhy and Terri Smith-Weller from the UW among others who have a lot of experience. The planned components are a quantitative analysis using billing data and time loss data and a qualitative component using key informant interviews and structured surveys. We are seeking input on what questions you would like answered from this evaluation, what barriers should we assess, what adverse events might we need to assess, should we interview clinic/health system administrators or any others you might have? Responses: • Is there is equity for access and utilization for members across differing communities? • What are the negatives? • Will you be asking injured workers about their satisfaction and if there were any issues with access? • There may be different responses depending on the type of provider or clinic department telehealth was used in. • Does telehealth facilitate access to care or delay access to care? • Is there a difference in telehealth for orthopedic versus mental health care, for instance? • What is the impact on outcomes, for instance with RTW. Did telehealth accelerate RTW or delay it? • Request a wide net with the survey as there may be unintended consequences that are discovered, things that we do not even know to ask about or that take a while to surface.

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	• Health system/Clinic administrators will be for it because the investment was made, it reduces overhead in terms of office staff and it is financially advantageous - probably no need to ask them. • Will there be questions regarding first visit versus follow up visits and the difference in them? Decisions: None Action items: None
Election of Officers for 2021-2022	This is the last meeting of 2020, and in compliance with the by-laws, we are due to elect officers for IIMAC, Term 2021-2022. Nomination for Chair: Andrew Friedman and Vice Chair: Kirk Harmon by Dr. Thielke, Second: by Dr. Lang. Additional Ayes: 9 Nays 0 Decision: Dr. Friedman – Chair , Dr. Harmon – Vice Chair for Term 2021-2022*