

Industrial Insurance Medical Advisory Committee Meeting

Meeting Minutes for July 23, 2020

Prepared by Jennifer Jonely, ONC

IIMAC Members Present

Andrew Friedman, MD (Chair)

Chris Howe, MD

Jiho Bryson, MD

Malcolm Butler, MD

Laurie Gwerder, ARNP

Linda Seaman, MD

Louis Lim, MD

Monica Haines, DO

Robert Lang, MD

Stephen Thielke, MD

IIMAC Members Not Present

Kirk Harmon, MD (Vice Chair)

Gregory Carter, MD

Michael Codsi, MD

JC Leveque, MD

Members of the Public

Shari Fowler-Koorn, RN

Ahmad Yassin

Aaron Smith

Bonnie Ronish

Debbie Cherry

Michael Harris, PhD

Michael Cashman UW OEM Resident

Regine Neiders

Tony Norman

Dorian Kenleigh

Tricia David, MD

Terri Smith-Weller

Labor & Industries Staff Present

Suzyn Daniel, RN

Cheri Ward

Joel McCullough, MD

Kim Wallace

Vickie Kennedy

Jason Fodeman, MD

Nicholas Reul, MD

Lyn McClendon, RN

Jason McGrew, RN

Jennifer Jonely, RN

Zach Gray

Lee Glass, MD

Morgan Young, DC

Karen Jost

James Simonowski

Nikki D'Urso, RN

Gary Franklin MD

Kelly Miller

Ryan Guppy

Jessica Gomez

Jaymie Mai

Draft Minutes (*actions taken or requested)

Topic	Discussion & Outcome(s)
Welcome and Introductions	<p>IIMAC Chair, Dr. Andrew Friedman, called the meeting to order with quorum present @ 1:05pm and welcomed all present.</p> <p>Group informed of leave of absence (LOA) status going forward for Dr. Malcolm Butler in both IIMAC and ACHIEv related to his new role of County Health Officer to manage the COVID-19 pandemic. This requires 20 hours/week beyond his full time practice. He will resume his IIMAC/ACHIEv duties as soon as able.</p> <p>Introduction of Dr. Jiho Bryson, MD new member to IIMAC</p> <p>Safety tip: All were reminded to wear full facial coverings including mask + eye coverings when meeting with patients to slow the spread of COVID-19. It is all about time/space and ventilation.</p> <p>Meeting minutes were approved for 1/23/2020* and 4/23/2020* IIMAC meetings respectively, as written. Motion to approve: Dr. Seaman, Second: Dr. Howe, with additional Ayes: 8 Nays: 0.</p> <p>Decisions: *Minutes approved Action Items: None</p>
Update on Lumbar Spine Surgery Subcommittee	<p>Dr. Chris Howe provided an update to the committee on the current state of the guideline, specifically discussing current work on lumbar fusion:</p> <ul style="list-style-type: none"> • Foraminal stenosis – draft section recently completed • Pseudarthrosis, fusion for recurrent disc herniation, adjacent pathology, and single vs multiple level fusion - in process/discussion • Fitness for surgery/prehabilitation - topic next up <p>Further discussion included high interest related to the fitness for surgery discussion including Physical Therapy prior to surgery and pre-surgery addressment of mental health issues, modeling perhaps the management of mental health issues within the bariatric surgical population.</p> <p>Decisions: None Action Items: None</p>
Feasibility of Multidisciplinary Review for fusion surgery	<p>Dr. Chris Howe introduced the topic of a process for a multidisciplinary team to review criteria when a surgeon requests a lumbar fusion. This topic was born from discussions within the Lumbar Surgical Subcommittee and evidence of a high failure rate after fusion surgeries. The concern is for appropriate indications of fusion surgeries.</p> <p>Dr. Andrew Friedman gave a presentation related to the work and publications from Virginia Mason that already use a multidisciplinary approach to both their fusion spine surgical candidates and complex spine care candidates (anticipated 6 level involvement). They have been successful in reducing complications, returns to OR, wound infections and DVT's/PE's while choosing the appropriate intervention for the indications reviewed and collectively approving the fitness for surgery with modifiable risk factors addressed, if surgery is indicated. Patients receive offerings of other treatment modalities when not deemed as surgical candidates.</p> <p>Dr. Lee Glass presented on a previous multidisciplinary effort with LNI and the University of WA. This effort from December 2005 to July 2007 was centered on collaboration and evaluated 63 patients.</p>

	<p>The process was based on honesty, consensus in decision-making, skilled medical evaluators and communication where the process will educate as well as evaluate. The goal of the work was to produce an evidenced-based, nonbiased medical treatment plan that respected the injured worker’s needs and avoided conflict.</p> <p>Dr. Jason Fodeman explored the concept of the multidisciplinary team and its role in the evaluation of lumbar fusion further. The Department sees the concept as having the potential to better implement guidelines, offer additional support to providers, offer provider education via academic detailing, and decrease provider burnout. It could improve quality of care within our system. In order to proceed, multiple factors and their feasibility would need to be explored and determined.</p> <p>Feedback is requested for the following 3 areas:</p> <ul style="list-style-type: none"> • Should LNI pursue this concept and research its implementation further in the evaluation of lumbar fusion? • Where is the best place to implement this process within the worker’s compensation system? • Input on any implementation considerations discussed today. <p>A lively discussion ensued. IIMAC members expressed overwhelming interest in the model and support for LNI to further explore the concept and its feasibility in more detail.</p> <p>Decisions: None Action Items: None</p>
<p>Vote on language clarification in CTS guideline</p>	<p>Zach Gray presented a change/update in language for the Carpal Tunnel Syndrome Guideline. For transparency and the integrity of the document, he asks for a vote. Motion to approve: Bob Lang, Second: Linda Seaman, with additional Ayes: 8 Nays: 0.</p> <p>Decisions: *Language change approved Action Items: None</p>
<p>Update on Violence against the Healthcare Worker</p>	<p>Dr. Malcolm Butler presented on the Disruptive Patient Pathway at Columbia Valley Community Health system. The goal of this approach is to identify inappropriate behavior and correct that behavior instead of dismissing the patient. The policy and its implementation was outlined step by step. This pathway has worked well for their health care system over the past 14 years and may be a model to emulate for success at other centers. LNI has previously been asked to explore this issue. LNI will continue to review potential areas of opportunity and report back findings to IIMAC.</p> <p>Decisions: None Action Items: None</p>
<p>Work Rehabilitation Subcommittee</p>	<p>Dr. Morgan Young presented an update on the work of the subcommittee and expounded on the process they are using for their work with the modified e-Delphi method. He is hoping that by October, they may have a Draft ready or at least will update IIMAC and IICAC. Recommendations for the programs themselves and then recommendations for best practices, including what kind of assessments, outcomes and interventions will be included in the statement. The process allows for no disagree statements, at least neutral responses and at least 7/9 participants must agree for that statement to be included. A correlation of this process (e-Delphi method) as trying to assemble an elephant by feeling the parts of the elephant arose. The method is very interesting and is revealing a complex and intricate body of evidence-based work as the outcome for the effort, and will result in good practical recommendations.</p>

	Decisions: None Action Items: None
<p>Nomination of a new alternate for ACHIEv to replace Malcolm Butler</p>	<p>As discussed earlier in this meeting, Dr. Malcolm Butler will be on LOA status for both IIMAC and ACHIEv, effective immediately. He was the alternate ACHIEv member and moved to the full ACHIEv member as a representative from IIMAC. ACHIEv is in need of four (4) members from IIMAC to serve on ACHIEv. We therefore needed to replace his position of alternate ACHIEv member from the ranks of IIMAC and this alternate will fully participate in Malcolm’s absence. Currently, the members from IIMAC that sit on ACHIEv are Dr. Andrew Friedman, Dr. Kirk Harmon, Dr. Steven Thielke and Dr. Malcolm Butler in a temporary LOA status.</p> <p>*Dr. Louis Lim is nominated by Dr. Thielke to serve as the alternate representative from IIMAC for ACHIEv and he accepted the responsibility graciously. He will function as a full voting member to ACHIEv during the LOA of Dr. Butler. Seconded by Dr. Lang, with additional Ayes: 8 Nays: 0.</p> <p>Decisions: *Dr. Lim is the new alternate IIMAC representative to ACHIEv Action Items: None</p>
<p>COVID-19 and Telemedicine Updates</p>	<p>Vickie Kennedy presented data points related to the current state of COVID-19 claims. As of last Friday, the Department had just over 1800 State Fund claims and about 800 Self-Insured claims for COVID-19 exposures. The numbers are accelerating and there are probably about 100 more this week alone. Of those 1800, around 1500 were allowed and are closed. As they are closed claims, these were either for the quarantine period or for those workers who had a relatively fast recovery of disease. A little over 600 are allowed and still open. We have rejected 78 claims in combined State Fund and Self-Insured data. There are about 360 claims still pending. Currently, about 67% of the claims are from the health care industry and about 6% are from first responders. We are still recommending that the medical providers not try to determine if a claim should be filed, but instead ask you to assist those who want to file a claim.</p> <p>Karen Jost updated the group on the emergency telehealth policy status of the Department. These policies will remain in effect until July 1, 2021. Virtually every type of service that an injured worker needs will be paid for via the telehealth venue including interpretation services, vocational services, PT/OT, pain clinics, work conditioning and hardening, and initial and follow up office visits with providers. Telephone visits are paid for using the telephone case management codes and we encourage telemedicine with audio/video technology for providers to interact with workers as much as possible. Response for a request to re-evaluate the rate at which telephone visits are paid was given as an intention to continue to evaluate the policies over the next several months.</p> <p>Gary Franklin provided a brief discussion on the research into telemedicine. PCORI has encouraged research specific to telemedicine and it is anticipated that there will be many offerings of published research to review and evaluate as we move forward. He outlined the way telemedicine may be affecting different specialties in medicine differently and identified primary care users as potentially the most accommodating specialty for telemedicine use. Perspective and discussion of the surgeon’s use for post op visits and challenges involved in accomplishing physical examinations via telehealth ensued.</p> <p>Decisions: None Action Items: *The Department will continue to evaluate emergency policies over the next several months.</p>
<p>OPMA Training</p>	<p>Susan Pierini, AAG accomplished the mandatory OPMA training segment required of IIMAC members at least every four years. Those present are now compliant with these obligations.</p>



	<p>Decisions: None Action Items: *IIMAC members who were not present today and are in need of the mandatory every 4 year training will be notified as they are required to accomplish this task independently online before the October IIMAC meeting.</p>
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