WORKERS' COMPENSATION

MEDICAL ADVISORY COMMITTEE

January 08, 2016
9 a.m. – 11:30 a.m.

MAC Committee Members Present: Ronald Bowman, MD; Constantine Gean, MD (Insurer Representative); Lon Holston (Worker Representative); Brad Lorber, MD; Gary Rischitelli MD; Jon Soffer, RN,NP; Susan Strom, DC; Tom Williams, PT; Dr. Franklin Wong, MD (MCO Representative);

DCBS Staff Present:
Juerg Kunz, Cara Filsinger, Summer Tucker

MAC Committee Members Absent: Joey Blubaugh (Employer Representative); Timothy Keenen, MD (Vice-Chair)

Agenda Item	Discussion
Welcome, Introductions (0:00:00)*	Dr. Bowman called the meeting to order at 9:00 a.m.
Administrative discussion (00:00:00)*	**Review and approve minutes for Friday July 10, 2015, MAC Meeting** The committee approved the July 10, 2015 meeting minutes as drafted.

Juerg Kunz (00:00:38)*	**Medical Rules Update**
	Juerg reviewed the changes in medical rules that WCD will probably propose. These rules will likely be published in mid-January. Depending on testimony, WCD may make changes to the proposed rules.
	
	Proposed changes:
	▪ Update fee schedules
	▪ Considering raising physician fee schedule
	▪ Clarify how to fill out boxes 32 and 32a on CMS 1500 form.
	▪ If MAC will adopt the recommendation from subcommittee on Platelet Rich Plasma Injections and WCD's administrator, Lou Savage, supports it, it would be included in the rule.
	▪ Instead of using hours in regards to timelines, references will be changed to days.
	▪ Introduce nine new Oregon Specific Codes with fee schedule amounts for billing for closing exams and reports.
	  o There will be differentiation between exams done by APs and non-APs. There will be separate codes for non APs and higher fees for non AP.
	  o Separated the reports out and gave them a separate code.
	▪ Considering raising fees for hearing aids before provider has to ask permission from insurer from $5000 a pair to $7000 a pair. Additionally, clarify that if provider prescribes a certain hearing aid, but the worker wants an upgrade (for example, Bluetooth), worker can have the upgraded hearing aid, but will have to pay difference.
	▪ Clarify how compounded drugs are paid. This would be spelled out in the rule.
	
	The hearing for these rules will be February 22nd. Testimony deadline is February 25th.

Dr. Wong (00:08:15)*	**New/omitted conditions check box on Form 827** The statute requires that a worker must claim a new or omitted condition in writing. Physicians are not encouraged to tell workers to claim new/omitted conditions and could be accused of being an inappropriate worker advocate. Around 2010, a checkbox regarding adding new /omitted conditions was added to the 827. The intent in adding a check box was to allow physicians to help workers claim another condition. However, there have been complaints from insurers and attorneys to WCD regarding the checkbox. At the November 23, 2015 WCD administrative rulemaking advisory committee, it was proposed that the check box be removed from the form. Dr. Wong believes that the check box moves the claim along and that removing the box would slow process. Additionally, he believes that removing the box could result in an increase in referrals to attorneys and the DCBS Ombudsman for Injured Workers. WCD does not have a position either way on this issue and will not be moving forward with this issue until there is a more thorough discussion with MAC and other stakeholders. At the next MAC meeting, attorneys and insurers are invited to have a conversation about the checkbox with MAC to see if there will be any consensus. The results from this discussion may end up in a rule proposal. MAC members may want to keep in mind some of the arguments that may be presented at this meeting. For instance, one argument may be that it is the worker's responsibility (not the doctor's) to claim new conditions. Another concern that may be raised is that having the checkbox on the 827 may cause doctors to think that they can claim new conditions for the worker.

Dr. Gean
(00:22:10)*
	Pharmacogenomics presentation
	▪ Per the American Medical Association (AMA), "Pharmacogenomics is the study of genetic variations that influence individual response to drugs." Currently, the idea that genes influence drug metabolism is a well understood idea.
	▪ According to the AMA, anticipated benefits of pharmacogenomics are more powerful medicines; better, safer drugs; and more accurate methods of determining dosage.
	▪ The FDA does require (or recommend) genetic testing for some drugs.
	▪ One question to be answered is whether everyone using opioids needs testing. Currently, there is limited information about guidelines regarding testing.
	  o Clinical Pharmacogenetics Implementation Consortium (CPIC) guidelines are developed based off posted research that is peer reviewed. Limited information thus far.
	  o Canadian Pharmacogenomics Network for Drug Safety (CPNDS) also has guidelines.
	▪ The science isn't there yet to define who should be tested, with some clinical exceptions. Evidence linking genetic variability to response in genetic type is fair for some medications, poor for others.
	▪ Dr. Gean's takeaways are to consider genetic testing when:
	  o Standard doses are ineffective in pain control.
	  o History of needing more and more opioids.

- History suggests standard doses are dangerous/toxic.
- Patient has metabolic abnormalities, diseases or other conditions. Consider testing when precise dosing would be medically prudent.

- In the future:
  - Genotyping will likely become more widespread, and clinicians will have patients' genotypes available.
  - Personalized medicine
  - To some degree, physician oversight of drugs may decrease. Doctors of Pharmacy (PharmD) or other allied health professionals may get involved in some of these decisions.
- Education
  - AMA has a course on pharmacogenomics and personalized medicine.
  - More information available from NIH Genetics Home Reference, AMA, CPIC Guidelines for Individual Drugs, Quest labs.

Juerg Kunz
(00:55:00)*

Technology review: Platelet Rich Plasma

At the July MAC meeting, Dr. Lorber gave update on conclusions that the subcommittee on PRP came to. Juerg put those conclusions in a draft recommendation; Dr. Lorber reviewed the draft and agreed that it captured the subcommittee recommendation. Now, MAC needs to adopt or modify the recommendation. Not much would change in practice if the recommendation is adopted, PRP would still remain non-compensable.

MAC approved the recommendation as drafted and agreed to reevaluate in Fall 2016.

Dr. Keenan & Dr. Lorber
(01:01:37)*

Technology review: Subcommittee on lumbar and cervical artificial disc
This topic is on hold until next meeting.

Juerg Kunz
(01:02:00)*

Technology review: Spinal cord stimulator

- MAC would like to get follow up information about patients who underwent the stimulator implantation.
- With artificial discs, it was almost impossible to contact patients themselves, and Juerg does not expect it to be any different for spinal cord stimulators. We (WCD) did consider getting patient outcome information from billing and payment data, however, after looking at that data, we came to the conclusion that, currently, this does not work for this purpose. There are too many unknowns at this point, and there is not enough information that WCD could gain from the data where we feel comfortable making a statement based off that data.
- A significant issue with the data is that insurers vary in how much information they report. Not all insurers are required to report, only those who have more than a 100 disabling claims a year. Many companies use TPAs that process claims and report to WCD. Insurers sometimes switch TPAs, and when switching, data can be lost in the move from a TPA that reports all information to a TPA that doesn't. As a result, Juerg is not confident that we can have conclusions from that data.
- Dr. Wong proposed a way to address this issue. In particular, SAIF could identify workers who got the stimulator, and then WCD together with SAIF could examine SAIF's claims data e.g., for opioids use before and after the stimulator. From there, the information could be converted to a Morphine Equivalent Dose (MED), and WCD

would compare whether opioid usage decreased.

- Jaye Fraser (SAIF) will see if SAIF can provide the claims information mentioned by Dr. Wong to WCD. Juerg will contact Jaye to follow up on this further. May be able to see by March to see if this information can help.

Juerg Kunz (01:12:00)*	**Technology review** ▪ Only change is to move Prolotherapy/PRP Injections down the list. ▪ Will wait on artificial discs until Dr. Keenan is available.

The meeting adjourned at 10:15 AM.

The next MAC meeting will be held on March 11, 2016.

*The audio files for the meeting minutes and public testimony (both written and audio) can be found here: http://www.cbs.state.or.us/wcd/rdrs/mac/mac_mtgmnts.html