

WORKERS' COMPENSATION
MEDICAL ADVISORY COMMITTEE

August 19, 2021
9 a.m. – 11:00 a.m.

MAC Committee Members Present: Ronald Bowman, MD; Lon Holston (Worker Representative); Constantine Gean, MD (Insurer Representative); Eric C. Hubbs, DC, FCBP, CCST, CIA

DCBS Staff Present: Sara Kessler, Juerg Kunz, Jeffrey Roddy-Warburton

MAC Committee Members Absent: Gary Rischitelli, MD; Tom Williams, PT; Brad Lorber, MD; Julio Ordonez, MD; Ryan Weeks (Employer Representative); Jennifer Lawlor, MD

Agenda Item	Discussion
Welcome, Introductions (0:00:00)*	Dr. Bowman called the meeting to order at 9:00 a.m.
Administrative discussion (0:00:30)*	Review and approve minutes for May 21, 2021 MAC Meeting Dr. Bowman addresses that there was a discussion on open ended work releases. MAC will obtain feedback from MLAC for guidance on what they would like us to weigh in on. Dr. Bowman motions to approve, Dr. Gean seconds. The minutes were approved.
Staff Updates (0:01:45)	Dr. Bowman welcomes new committee member Eric C. Hubbs, DC, FCBP, CCST, CIA who is taking the chiropractic position.
(0:02:10)	Sara Kessler introduces herself as the newest DCBS staff member for the MAC. WCD's new Deputy Administrator Matt West introduces himself to the MAC members.
(0:03:00)	Juerg Kunz, WCD, gives a brief overview of what the Medical Advisory Committee's (MAC) role is in the Workers' Compensation system. He states that in Oregon all medical treatment is compensable as long as it's for the compensable condition and is appropriate, until and unless it is specifically excluded by rule. MAC helps the division by doing the research and forming an opinion whether or not a specific medical treatment should be excluded from compensability. Dr. Bowman adds that there are four criteria they look at for something to be compensable: It can't be experimental, it has to be proven statistically, it is scientific, and it can't be outdated. Juerg also notes that sometimes the Management Labor Advisory Committee (MLAC) asks for input from MAC.

(0:9:00) Dr. Gean complements Oregon’s system and their very logical assessment of new technologies. Dr. Bowman agrees and mentions the disc replacement surgery that MAC reviewed from 10 years ago and stated that it went well.

Future Meetings
(0:10:00) Sara Kessler states that Clackamas Community College should be opening back up in the fall and that MAC should be able to return to having their meetings there. Juerg Kunz asks if having the meeting on the 3rd Friday of the month works. Dr. Bowman responds yes. It is agreed that meetings would stay the same and Sara Kessler states that she will have the tentative scheduled for 2023 available at the next meeting.

Rulemaking
(0:12:15) Juerg Kunz gives an update on the Rulemaking Advisory Committee for medical rules and states that it will be held this fall, most likely before the next MAC meeting. One thing that might be up for discussion is the level of the fee schedule. If somebody would like us to talk about fee level schedules it would be ideal to submit that information by August 29 that way we can put it on the agenda. Dr. Bowman asks if it would be helpful to submit supporting documentation. Juerg Kunz says yes, it is helpful but not a requirement. Submission can be sent to Juerg.

**Pharmaceutical
Clinical
Justification**
(0:15:00) Dr. Bowman moves the discussion to the update on Pharmaceutical Clinical Justification form (Form 4909) to discuss updating list of high-cost and alternative drugs. Juerg Kunz states that the Justification Form is actually just an FYI of the most expensive drug in the Workers’ Compensation System. It helps to make physicians aware when they prescribe one of these drugs that these are expensive and really add cost to the system. The form was created in 2014. It is now eight years later and the list needs to be updated.

(0:16:30) Don Gallogly, Research Analysis for DCBS joins the MAC meeting to review a memo which provides updated information on the how cost of these drugs has changed over the past few years.

(0:19:30) Dr. Bowman asks how the generic brands of these drugs are factored into the data. Don Gallogly responds the data just shows brand name drugs. Dr. Gean asks if it is fair to say that the drop and Celebrex might be due to the fact that a generic came out, so the number of brand names prescribed drops. Don Gallogly responds yes, that is fair. Dr. Bowman brings forward that Oxycontin was impacted by the opioid crisis. Don Gallogly responds that is correct, part of the incentive to help control these drugs was the rising problem with Oxycontin. Dr. Bowman states that he is surprised how much Oxycontin is being prescribed still. Don Gallogly responds that it is significantly less than before. Dr. Gean states that Oregon does have higher Oxycontin numbers than other states.

(0:24:50) Dr. Gean wonders why Revlimid, which is used to treat a disease in the blood cells, is used in the Workers’ Compensation system. Dr. Gean states it could be

from radiation exposure. Dr. Bowman asks what MACY is and if it a procedure not a drug. Don Gallogly responds he is unfamiliar with it but it is a prescription drug since it is on the list.

- (0:25:50) Don Gallogly states what WCD would like MAC to do is consider whether these drugs that are on the list now should stay or be replaced by something from this other list. Juerg Kunz adds that because the costs have substantially gone down, one question the division has is, do we even need this form? Does it continue to raise awareness of expensive drugs amongst physicians, and if so should we replace some of the drugs on the list with ones that are more expensive now? The division wonders if this form is more of a hassle than it's worth for providers to fill out. Is it worthwhile to still have this form or do the numbers indicate that drug costs aren't really that much of a problem anymore? Dr. Bowman asks if the physicians would have to fill out the form if they were prescribing any of the 20 medications on the form. Juerg Kunz responds no just the top 7. Lon Holston states that in looking at this data it is creating work for the provider no matter how you look at it and if we change the form it also creates more work, but since he does not work in a doctor's office he will leave it to the practicing physicians to decide. Dr. Bowman states he would like to hear Dr. Lorber's opinion on this topic. Lon Holston states that if we throw out the list completely, then there is no incentive to keep an eye on it. In the case of Oxycontin he fears it could get out of control again. He'd like to see it not go away completely so we can keep an eye on it.
- (0:36:00) Dr. Bowman states that during the opioid crisis there were a lot of hassle factors that were good because it made getting them more difficult. Lon Holston asks what the time line is for making a decision on this. Juerg Kunz states that there is a rule about the form already, and a new rule would come into effect April 1, 2023. Juerg Kunz adds that we would need time to discuss the rule with the advisory committee this fall 2022 and form a new rule.
- (0:38:50) Don Gallogly adds that not only do we need to discuss what drugs to add and remove we also need to discuss alternatives to point to. Juerg Kunz states that one option is to leave the top 3 drugs on the form, remove the rest and then not replace them with any new ones. Dr. Gean adds that he liked that the list shows the payment to service cost.
- (0:42:20) Dr. Bowman asks what the mechanics are of the form and how to use it. Juerg Kunz provides details on how the form works, stating that the form not a justification form, but really more for the provider to be aware that they are prescribing an expensive drug and that there are other drugs out there that they might want to consider. Dr. Bowman asks would there be any advantage to listing alternatives on the form. Juerg Kunz confirms that the form currently has alternatives listed next to the drugs. Dr. Bowman asks this form is more about a cost issue not an addiction issue. Juerg Kunz responds that is correct.

**Platelet Rich
Plasma (PRP)
Injections**
(0:48:00)

Dr. Bowman begins the discussion on Platelet Rich Plasma (PRP) Injections. He discusses the research that the subcommittee did and what they came up with were anecdotal things that show improvement for some applications. Its comparing apples and oranges when you look at what's actually being injected because each company that has a PRP Machine has their own secret recipe. Dr. Bowman states that it would be good to revisit what has been submitted since the last review, but include only blinded randomized trials and a med analysis. Dr. Hubbs agrees with the med analysis stating that we're looking for best bang for the buck and long-term effectiveness and a med analysis would give us that. Dr. Bowman agrees. Dr. Hubbs discusses some different treatments that he has seen where PRP was actually the best treatment. He also stated that PRP can save a lot of money.

(0:52:20)

Dr. Bowman recommends forming a subcommittee again. Juerg Kunz states we don't need to form one right now but we can start collecting literature and form a subcommittee next meeting.

(0:56:20)

Dr. Gean gives his presentation on COVID-19 Data Comparison for the US and Oregon COVID statistics, death rates, vaccinations, etc.

(1:05:20)

Dr. Bowman asks how Oregon has done in regard to work relatedness with COVID. Dr. Gean responds that he doesn't have the statistics on that, but back when the virus was not out in the community, claims of work relatedness were much more likely to prevail because there was a much-reduced community exposure. Dr. Gean stated that, while he doesn't have the data, his guess is that as the virus became more generally spread the acceptance rate would have gone down. Matt West states that WCD does have data they can share with the committee and recalls the acceptance rate percentage for COVID claims being around the high 70s to low 80s.

(1:07:20)

Dr. Gean brings up opioid claim data, which ties into the previous discussion, and states that according to the National Counsel of Compensation Insurance (NCCI), for Oregon, 5% of all medical payments go to drugs versus 8% for all other states across the United States.

(1:14:20)

Dr. Bowman presents a general question on COVID and states that what we went through could have been a lot worse. He asks if there are any scenarios or is there a government agency that's looking at what do we do if something really bad comes up to react, to be proactive. Matt West responds that Oregon has an Emergency Response Office that has worked on things like Cascadia and would imagine the pandemic brought forward other types of scenarios, but he doesn't know for sure what they are working on as far as emergency management.

(1:19:00)

Dr. Bowman adjourned the meeting.

*The audio files for the meeting minutes and public testimony (both written and audio) can be found here: <http://wcd.oregon.gov/medical/mac/Pages/mac-meetings.aspx>