WORKERS' COMPENSATION
MEDICAL ADVISORY COMMITTEE
October 18th, 2024
1:00 - 3:00 p.m.

MAC Committee Members Present: Ronald Bowman, MD; Brad Lorber, MD; Lon Holston (Worker Representative); Constantine Gean, MD (Insurer Representative); Eric C. Hubbs, DC; Raymond B. Brumbaugh, MD; Ryan Weeks (Employer Representative)

DCBS Staff Present: Juerg Kunz, Angela (Angie) Blake, Matt West, Kirsten Schrock, Jovana Ruiz-Rubio, Baaba Ampah,

MAC Committee Members Absent: Tom Williams; Jennifer Lawlor, MD

Agenda Item	Discussion
Welcome, Introductions	Dr. Bowman calls the meeting to order at **1:00 p.m.**
Administrative discussion (00:00:48)*	Dr. Bowman presents the meeting minutes from the July 19, 2024, meeting. Dr. Lorber moves to approve the minutes and Dr. Hubbs seconds the motion. The motion passes.
Platelet Rich Plasma (PRP) Injections (00:02:09)	Dr. Bowman explains the process of Platelet Rich Plasma (PRP) and mentions that the committee recommends that PRP should not be a compensable medical service unless it falls under specific medical conditions of knee, elbow, and shoulder injuries. PRP in these areas should be administered after 3 months of conservative care. He continues that the recommendation was based on a recent literature review, in particular meta-analyses, provided by Juerg Kunz.
(00:07:21)	Juerg Kunz explains that after the committee approves the draft recommendations, he will discuss the recommendations with WCD interim administrator, Matt West. If he agrees, the recommendation will be taken to the rules advisory committee meeting on November 5th 2024. Juerg Kunz states that it is an opportunity to add these recommendations to the rule, as the rule currently excludes the compensability of any PRP injections. Juerg Kunz notes that if it is approved, it would then change to PRP being excluded unless it is for conditions listed for the knee, elbow or shoulder.
(00:08:13)	Dr. Bowman mentions that an issue is that the PRP process is very proprietary and companies do not like to share the process. So getting the data to be relevant is difficult, but PRP has been used in private practice for about 15 years.
(00:08:58)	Juerg Kunz asks the committee if they know the billing code needed for the PRP injections. Dr. Hubbs found CPT code 0232T to be used for the PRP injections.

(00:09:58)	Dr. Bowman asks how compensation is determined if there is a code. Juerg Kunz explains that if Medicare has an RVU with a code, a conversion factor is a applied to it
(00:11:28)	Committee agrees that it would be great to track charges and payments for PRP injection.
(00:11:54)	American Property Casualty Insurance Association wrote a letter opposing the compensability of PRP injections. Members disagree, adding that the recommendations will be reviewed triennially.
(00:13:58)	Lon Holston makes a motion accept the PRP injection recommendations. Dr. Gean and Dr. Hubbs seconded the motion. The motion passed.
Form 3245 – Return-to-Work Status (00:19:55)	Dr. Bowman states that Angela Blake put together various examples of Return-to-Work forms from different states. He asks if it's possible to send these forms to an AI program and see what the outcome is? Matt West, WCD Interim Administrator, responds that currently the state is not permitted to use AI. The Governor has an AI Council, so it is possible in the future, but not at this particular moment.
(00:21:57)	Juerg Kunz mentions that providers are allowed to use their own forms, except when insurers require a specific form, then providers have to use WCD's form.
(00:23:45)	Dr. Bowman shares the difficulty in communicating with the worker and supervisor to determine return to work status. Dr. Gean adds that 100% is different for every patient. He continues that the doctor should ask the injured worker about their occupation to help write work restrictions. Dr. Gean references State of Washington Return-to-Work form, mentioning how extensive paperwork is.
(00:27:48)	Lon Holston explains that not all employers have a light-duty work available, therefore a worker cannot go to work until they are fully recovered. If light-duty is available, there are expectations that the physicians may not know. So there has to be a joining of minds of the job description. There are a lot of moving parts that everyone is trying to capture on one form.
(00:29:34)	Dr Brumbaugh agrees, mentioning that the provider may give some general guidelines to the employer. He shared that in his practice, he enjoyed that after employers received guidelines they came back with a more detailed modified job analysis, which was reviewed.
(00:30:24)	Dr. Bowman suggested adding a communication section on the form, from the workplace supervisor for work that is available.
(00:31:00)	Ryan Weeks explained employers' reluctance to specify duties often excusing it as too much paperwork. He also mentioned workers'

	discomfort going back to work, because of potential unreasonable job requirements.
(00:32:02)	Dr. Hubbs mentioned finding out the job description from the workers' supervisor made it easier to identify their repetitive stress injuries, which allowed him to design a tailored course of care. He suggested including a job description on the form.
(00:33:32)	Lon Holston suggested a job description come with the 801 or 827 form going to the physician. Members agreed.
(00:37:27)	Members discussed the impact of prolonged light duty on a workers' return-to-work date, mentioning that depending on the light duty, prolonged light duty could have a negative impact.
(00:42:08)	Dr. Brumbaugh suggested shifting "work restrictions" to "functional capacities" as it would allow employers to focus on specific job tasks.
(00:43:38)	Members discussed the category for restricted to bed rest.
(00:46:55)	Dr. Hubbs mentions how fond he was about functional list on the Washington form. Members expressed what they like about the form.
(00:50:54)	Juerg Kunz notes that a lot of attending physicians are family physicians and workers' compensation is a small percentage of their practice. So that should be kept in mind when designing the form.
(00:53:46)	Dr. Bowman remarks that to have a comprehensive communication may be impossible. He asks about a category of injuries that could streamline work release documents. Dr. Gean notes that major types of occupational injuries could be simplified into categories.
(00:55:36)	Dr. Gean suggests taking the section from the Washington form that involves limitations and the restrictions on lifting and pushing and administrative duties as a practical approach.
(00:56:28)	Dr. Brumbaugh suggests including the section "estimate what the worker can do at work and home …" included with other administrative items and a comment section. He also mentioned that he liked that Washington labels their heading an "activity description form".
(00:58:13)	It is clarified that the chart note go to the adjusters. Dr. Bowman notes that part of the problem is the adjusters communication.
(01:01:24)	Juerg Kunz mentions that someone raised a rules issue wanting a rule that requires providers to respond to employers inquires.
(01:02:05)	Dr. Hubbs mentions it is essential for providers to reach out to employers, which is not typical. He suggests a checkbox for whether a job description has been reviewed or not.

(01:04:34)	Juerg Kunz clarifies that the administrative rules do not require employers to communicate with physicians.
(01:04:40)	Lon Holston expresses his uncertainty requiring providers to respond to employers as direction is different from self-insured employers and insured employers. He believes the form should be made easier for providers in order to increase the number of providers in workers' compensation.
(01:07:38)	Members express the need to communicate with employers.
(01:09:16)	Ryan Weeks asks who is doing the job description when the employer doesn't have it. Dr. Hubbs mentions that the employee tells him.
(01:11:08)	Dr. Gean, Dr. Hubbs, and Dr. Brumbaugh volunteer to be on a subcommittee regarding this subject.
(1:11:30)	Dr. Brumbaugh suggests creating an electronic link to medical records. Members noted that some companies have created it
(01:12:39)	**Members delegated the topic to a Subcommittee**

Telehealth (01:16:09)	Juerg Kunz explains that one physician in Wisconsin treats Oregon workers through telehealth for an extended time and progress is non-existent, which is a problem. Several disputes have found that the treatment was excessive. Two different insurers have submitted a rule issue, recommending a rule that requires a telehealth provider to see the patient occasionally.
(01:19:03)	Juerg Kunz clarifies that telehealth is just the phone, but with video and audio is telemedicine.
(01:19:18)	Ryan Weeks questions the utility of telemedicine, recommending some in-person contact. Dr. Brumbaugh notes that mental health issues are exceptions.
(01:20:55)	Dr. Gean mentions that dermatology and some physical therapy are exceptions, but musculoskeletal injuries are different.
(01:22:32)	Dr. Lorber mentioned that telemedicine has some value, depending on location. A timeline is needed on how frequently telemedicine and in-person visits will take place.
(01:25:02)	Dr. Hubbs suggest in-person visits at least once a month for hands-on measurable reevaluation.
(01:25:34)	Dr. Bowman shares an exception of treating a cancer patient who's surgery kept getting postponed, so telehealth was the right option. Another exception is on-going litigation about medically accepted

	conditions. However, patients on time loss should require in-person visits.
(01:26:35)	Juerg Kunz reminds members that certain requirements in rule do not allow flexibility. He questions if once a month is too strict.
(01:27:48)	Dr. Gean notes that most insurance will provide transportation as it is in their interest to have the patient evaluated.
(01:30:38)	It was summarized that the MAC committee is in favor of some in-person visits at certain intervals, however the amount of intervals is uncertain.
(01:31:05)	Tom Williams, who was supposed to provide an update is absent. Members share their experience. Agenda item will be kept till next meeting.
Majoris' White Paper (01:33:24)	Lisa Johnson, Majoris, shares Majoris' White Paper, emphasizing the need for comprehensive, stakeholder-inclusive approach to improve access to primary care.
(01:38:27)	Dr. Bowman asks if rural areas are underserved overall. Lisa Johnson agrees, adding that certain specialties also feel it. She also answers Juerg Kunz' question that the problem is not special to Oregon or the workers' comp system.
(01:39:00)	Lisa Johnson explains that more providers is not a quick fix, and part of the solutions is finding ways to incentivize people to be a provider.
(01:39:38)	Based on Dr. Gean's question, Lisa Johnson describes extending the program to include additional providers like acupuncturists and physical therapist.
(01:41:18)	Dr. Gean asks about incentive programs, and Dr. Bowman shares about a program in Pendelton
(01:45:00)	Dr. Lorber explains that this problem has been examined in the past by the department, but the problem remains.
(01:46:40)	Lisa Johnson asks if there is interest in in reaching out to stakeholders to solve this problem across the board with solutions that work for everyone. Juerg Kunz answers that he is unsure about the success if the conversation starts with Workers' Compensation.
(01:48:38)	Matt West, WCD, answers that the division is happy to be a part of the conversation. Lisa Johnson adds that in the past the conversation was around attracting providers to Oregon, but now the problem is making it a better career.

(01:50:00)	Discussion of challenges in accessing specialized care in workers' compensation cases in small communities.
(01:53:35)	Meeting adjourned.

The meeting adjourned at 02:55 PM.

The next MAC meeting will be held on January 24, 2025.