

# Medical Advisory Committee

## Meeting Minutes

May 13, 2011

### Opening:

Dr. Bowman called to order at 9:02 am on May 13, 2011 a meeting of the Medical Advisory Committee to the Workers' Compensation Division at Clackamas Community College.

### Present:

Ronald Bowman, MD (Chair); Brad Lorber; Hans Carlson, MD; John Braddock, MD; Franklin Wong, MD (MCO Representative); Constantine Gean, MD (Insurer Representative); Frank Prideaux, DC; Marilyn Terhaar (Worker Representative); Juerg Kunz (WCD); Jacqueline Sewart (WCD); Mike McNickle (WCD).

**Absent:** Timothy Keenen, MD (Vice-Chair); Gary Rischitelli, MD; Joey Blubaugh (Employer Representative); Tom Williams, PT

#### A. Introduction – Dr. Bowman / Jacqueline Sewart (CD .12)

Welcome and Introduction to Mike McNickle the new Medical section manager.

#### B. Legislative Updates – Jacqueline Sewart (CD 1.23)

Bill	Description	Status
HB 2093	Managing care bill	Waiting for Governor signature
HB 2743	Podiatrists as Attending Physicians	Waiting for Governor signature
SB 173	Disputed Claim Settlements	Waiting for Governor signature
SB 972	Study for Universal Healthcare Coverage	Losing steam
SB 224	Physicians Assistants scope of practice	Ways and Means
SB 952	Prescription Authority for Physicians Assistants	Ways and Means
HB 3212	Nurse Practitioners treating time	Bill died
HB 2092	Streamlining Bill	Concurrence Meeting

- Nurse Practitioners amendment ended up in streamlining bill. MLAC testified at committee. Passed through Senate but House did not concur with amendment.

- A motion was raised to draft a letter to concurrence committee stating that Medical Advisory committee does not support the Nurse Practitioner amendment.

Motion approved – All members in favor

- Session ends 6/30/11
- Give names of concurrence committee members to MAC.

### **C. MLAC Access Issues 2011 – Juerg Kunz (CD 16.36)**

MLAC realized that there may be a broader issue of access. This is in the early stages. They want to focus on the process of workers' compensation from a providers standpoint.

- What are some of the hassles and difficulties that providers have treating workers' compensation patients?
- The division has a pretty good idea about payment and billing hassles, i.e. we have a pretty good understanding of what the office staff is dealing with. What we mainly would like to know is what are the hassle for you, the treating doctors.
- Maybe look at primary doctors and specialists who don't want to do workers' compensation.
- Hoping to get providers who don't see much work comp patients or who refuse to see any to testify in front of MLAC.
- Paperwork is a big issue.
- Primary doctors may not know how to do paperwork because they don't see worker compensation patients.
- Insurer asking more questions that are stated in chart notes.
- Chronic situations – often work comp patients with chronic pain seem to be more difficult patients
- Educate primary care doctors
- Perception primary care doctor have could be that it is harder than it really is.
- Identify groups that do report writing and willing to do workers' compensation and pay them more.
- More education to the patient
- Understand the importance of discussing work issues as much as medical issues.
- Quick access to system: Provider can look up how to treat workers' compensation patients
- Other states and access issues?

1. The division has a rule that states if the worker is on timeloss the Insurer can request a progress report every 15 days.  
Is this a hassle factor created by rule?
  - Makes no sense – forcing patient to be seen every 15 days.
  - Not sure where rule came from
  - Seems like a potential hassle
  
2. From a doctors standpoint what are some of the hassles when taking a worker off work or modified duty or trying to put them back to full duty. Are you running in to problems with employers that they don't want to take them back until Medstat?
  - Workers are not allowed back to work until fully released.
  - Try to educate employers about Employers at injury program.
  - UPS and Fedex have a 14 day window. Worker is taken off duty completely if not back in window.
  - Workers get pressured to go back to work after being off work for two to three weeks.
  - Don't want employee back until healed.
  - Would be really helpful if workplaces had light duty position descriptions already made up so you can release them to.
  - Every company has their own release to light duty form to be filled out.
  - Standardize form that everybody uses that is mandated would be good.
  - Doctors can't get job decription.
  
3. If an injured worker goes to any physician the worker has to fill out a form 827. If you see the worker as a specialist do you make worker fill out form?
  - Yes, we do and keep in chart.
  - Problem is that physician doesn't understand that they are becoming attending physician if they sign and turn in.
  - Worker fills out form and doesn't understand the attending physician role.
  - There could be a box added to form 827 for doctor to check stating they are taking on the role of attending physician.
  
4. Do you find that there are any hassles with determining medical stationary status or for impairment findings?
  - Frequently get a list from nurse or case managers about work and med stat status – they are all projections and get same

questions every month. Busy work that is unnecessary unless there is something unusual about claim.

- Work with guidelines – claims adjusters should have access. Once it gets outside boundaries of guidelines then the questions should be asked.
- Disability evaluation still based on AMA's third edition disability guide

**D. Center for Research Occupational and Environmental Toxicology (CROET)**  
– Juerg Kunz  
(CD 105.55)

SB171 – Wants division to study if it would be feasible to study the Center for Occupational Health and Excellence (COHE) study in Washington.

- We don't have personnel in the division so MLAC said no for the division to do.
- CROET in Portland at OSHU potentially offered to do study.
- No problem statement that CROET could work from – Kevin Willingham is working on.
- Best practices system (Administrative)

**E. Spondylosis vs. degenerative disc disease in lumbar ADR** – Juerg Kunz  
(CD 113.58)

The division 010 rules list spondylosis listed as an absolute contraindication, and degenerative disc disease as a relative contraindication.

The committee agreed that it should say spondylolysis as an absolute contraindication, not spondylosis.

**F. Opioids sub committee** – Dr. Gean / Jacqueline Sewart  
(CD 118.20)

Oregon Pain Commission and Prescription Opioid poisoning project (POPP) are moving in same direction for guidelines and trainings. They are definitely willing to work with us to get our trainings on their website. POPP is looking at accidental overdose. They are focusing on Methodone first. They are working to identify healthcare provider education needs. The prescription drug monitoring program is starting in September.

- Working with providers to make sure they understand the side effects and risks of opioids
- Knowledgeable about use of medications to treat opioid dependence
- Recognize and screen for behaviors to indicating potential substance abuse
- Make appropriate referrals to addiction treatment providers

Follow-up to continuing education credit question from previous MAC meeting. Application needs to be filed with the Accreditation Council for Continuing Medical Education (ACCME).

- Do we want to turn this into a formal education program?
- Does CROET have time to do?
- Do we want to put up training material for a guideline or resource?
- Where does the committee want to go?
- Do we give materials to POPP?
- Meet with Oregon Pain Commission
- Coordinate do not duplicate

Jacqueline will contact Oregon Pain Commission.

**G. Review and Approve the MAC Meeting minutes of 3/04/11 – MAC**  
(CD 143.16)

Motion to Approve – All members approved

**H. Lumbar Fusion Subcommittee discussion – Jacqueline Sewart**  
(CD 143.26)

- Need to narrow focus
- Dr Keenan is researching articles

**I. New Technology – Juerg Kunz**  
(CD 147.35)

There are no active projects at this time.

- We may want to look at Diagnostic ultrasound at some time in the future – Juerg will add this to the spreadsheet under potential future consideration
- Infrasonic

**J. MLAC Impairment rating subcommittee update – Jacqueline Sewart**  
(CD 150.38)

- They want to look at the Utah model which took the fifth edition and made their own. Utah is stating that they have minimal litigation.
- They want to hear from other states using the sixth edition.
- They want to hear from Insurers.
- Ask Providers who use sixth edition
- Updates will happen at every MLAC meeting

**K. Subcommittees meet – All subcommittees**

(CD 157.19)

**Adjournment:**

Meeting was adjourned at 11:06 am by Dr. Bowman. The next Medical Advisory Committee Meeting will be at 9 am on July 15, 2011 at Clackamas Community College.