



Meeting Notes: January 20, 2006

Members Present: Ron Bowman, M.D., Chair; Pam DeVisser, F.N.P.; Brad Lorber, M.D.; Frank Prideaux, D.C.; Gary Rischitelli, M.D. LNW; Tom Williams, P.T.; Chloe Oliver, City of Portland; Linda Olsen, SAIF;

Members Absent: Tim Keenan, M.D., Vice-chair; Franklin Wong M.D., Maria Carraher, Injured Worker Rep.

WCD committee staff present: Kevin Willingham, Debra Buchanan

Dr. Bowman called the meeting to order.

Update on the Medical Quality Initiative: Nancy Bieber, WCD

Ms. Bieber updated the committee on where the MQI was currently. Meetings have been held around the state and the feedback received was discussed. There has not been much interest in treatment guidelines per se, however, there was some interest in something for physical medicine and pain management. Pharmacy has not been represented at the meetings as far as they know. Specific topics have included Reporting Requirements for both medical providers and insurers. They have found that some items are requested multiple times. Most requirements pertain to providers sending information to insurers, however, there are some reporting requirements to WCD. Surveys are being developed. The survey to medical providers was reviewed in detail with the committee and lots of comments were given. One concern was the "negative" tone of the questions and there was discussion on how to make the questions more neutral. Nancy will take their feedback and the committee will revise the survey. The committee is winding down, and they will be finalizing their report soon. MQI will email the committee a copy of the insurer survey for review and comment.

Independent Medical Exams: Criteria to be on the Director's List - Wendy Stone, WCD and Dan McNally, WCD, discussed further policy and rulemaking regarding SB 311. They went over in detail some draft criteria and requirements to be on the director's list of physicians to do IMEs. Physicians felt that physicians doing IMEs should have an active practice, being semi-retired does not keep physicians up to date enough to adequately review what a physician with an active practice is recommending. However, insurers say they don't know who is actively practicing and who is not. Three hours of education seems reasonable to become authorized, and then some continuing education requirements seem reasonable. Standards of professional conduct must be complied with, either the appropriate regulatory board, or the American Board of Independent Examiners (ABIME) standards. There was a suggestion that IME doctors be required to collaborate with the attending physician, thus hopefully reducing the adversarial nature of the process. However, there were concerns that time frames would be a problem, and care to workers could be delayed. Another concern was that many IME physician's don't appear to review actual prior diagnostics (films, etc). How credible then is their opinion? The rules only require the diagnostics be sent to the IME physician. In addition, there doesn't appear to be a code to review the prior records, so physicians are concerned about payment for their time. In addition, sometimes it's unclear the difference between an IME and a Consulting physician.