



Meeting Notes
January 21, 2005

Members Present: Ron Bowman, M.D., Chair; Tim Keenan, M.D., Vice-chair; Rebecca Brown, R.N.; Hans Carlson, M.D.; Charles Carter, M.D.; Pam DeVisser, F.N.P.; Maria Carraher; Brad Lorber, M.D.; Frank Prideaux, D.C.; Gary Rischitelli, M.D., consulting member; Tom Williams, P.T.; Frank Wong, M.D.

Members Absent: Linda Jefferson, CPDM

WCD committee staff present: Kevin Willingham, Debra Buchanan, Nancy Bieber

Others Present: Linda Olson, SAIF Corporation, Ramona St. George and Pat Moore, M.D., OHS; Amanda Rich; Nate Johnson and Tracy O'Connor, IMD; John Shilts, Donita White, Sandra Savage, Cara Filsinger, WCD.

Dr. Bowman called the meeting to order and asked members and guests to introduce themselves. Hans Carlson, M.D., introduced himself as a new member to the committee. John Shilts, WCD Administrator, appeared on behalf of himself and Cory Streisinger, Director, DC

Independent/Insurer Medical Examinations: John Shilts reviewed the recently completed IME survey; the work of the IME subcommittee of the Management Labor Advisory Committee (MLAC) and SB 311. John reviewed the key findings of the IME survey and reported that the MLAC subcommittee has met about five times in the last few weeks. They plan to propose a number of recommendations to the full MLAC committee on January 27th. These include:

- IME providers should be certified using a process to be developed by WCD.
- The process must include
 - ethical and impartiality standards
 - quality assurance measures
 - a removal and appeals process
- Witnesses should be allowed to attend IMEs, as passive observers only. Exit surveys of workers should include a question about whether a worker was informed that he or she could bring a witness.
- IME reports should perhaps include a statement that the signer examined the worker and accepts liability for false statements.

- The “distance issue” should be resolved, and include reasonable exceptions to allow workers to be referred to appropriate specialties when required.
- WCD will be charged with investigating complaints against IME providers.
- Notification of IMEs to workers should include information about the nature and purpose of the exam and should include educational information developed by WCD.
- Insurers must provide actual diagnostic studies with some sanction provided if the provider does not/cannot review the original studies.

John also reported on SB 311, which addresses some of the same issues reviewed by MLAC. The provisions of SB 311 include:

- “Place” must be convenient for the worker, with an exception process to allow examination by a qualified physician.
- The IME physician must be on a “list” established by the BME.
- The director will develop educational materials to be provided to workers by insurers.
- The BME will establish qualifications for inclusion on the “list,” and establish grounds for exclusion. The qualifications must include professional and ethical standards and standards of impartiality.
- The BME, in consultation with the MAC, will develop standards and training materials for IME providers.

John reported that the BME has expressed concern about the Senate Bill, because they are not anxious to take on this responsibility.

Kevin Willingham told the members that the MLAC has asked for specific input from them regarding their proposals. The questions, and MAC discussion about each, are as follows:

1. Please share your opinion of the concept of IME physician certification in order to do workers’ compensation IMEs in Oregon:

- a. MAC likes the concept of requiring certification to perform IMEs. Currently MAC has been reviewing the idea of developing a voluntary certification program for physicians who treat injured workers. Certification under this program would entitle certified providers to higher rates of compensation. Making this certification mandatory for physicians wishing to perform IMEs appears appropriate.
- b. MAC cautions that while certification may be positive, it cannot guarantee quality or a good “bed-side” manner from IME providers.
- c. MAC endorses a responsible, reasonably stringent certification process.

2. What would you suggest be included in this program, if certification becomes required?

We believe that the requirements for certification should be developed by an appropriate group of medical providers, insurers, and others with a stake in the system, under the sponsorship of WCD and the Medical Advisory Committee. Minimum elements should include:

- a. Laws and rules
- b. Ethical and impartiality standards
- c. Workers compensation principles
- d. Using objective standards as a basis for opinion.

3. What suggestions do you have in regard to developing an educational process?

Again, we believe the details should be developed by the appropriate group of medical providers, insurers and others that would be charged with developing the certification program. The educational process should be meaningful and WCD should be certified to satisfy continuing educational requirements for medical providers. We note that Colorado offers a range of educational options, including live seminars, on-line training and home study courses.

4. What suggestions do you have for quality assurance measures (quality reports and quality examinations)?

- a. Again, we believe the group developing the program should develop standards for examinations and reports. Actual process and reports can then be evaluated against the standards.
- b. Require the IME physician to review original studies as part of the IME process.
- c. A meaningful certification process should include a disciplinary and decertification protocol to assure compliance with standards.
- d. IME physicians should be required to be in active practice treating the injury in question or have a significant history of clinical treatment of the issue while in active practice in the past. For instance, a multiply operated spine patient should have an IME by a spine surgeon, or at least a general orthopedist who does a lot of spine surgery.

5. What suggestions do you have on how the workers' compensation system can increase the pool of participating IME doctors.

The committee members discussed this question at length. One thought was to require all providers wishing to treat injured workers to agree to perform a minimum number of IMEs each year, but members were concerned that would reduce the number of providers willing to treat injured workers. Alternatively, you could require that all medical providers electing to become certified would be required to perform a minimum number of IMEs annually. For this to succeed, the benefits of certification would need to be worth the effort involved. Other incentives discussed included providing adequate compensation for the examinations and providing better training to claims examiners, so that IME questions and requests are directed appropriately to each case. Providing the IME doctor with adequate records and seeking other ways to make the process easier and less "hassled" would also help.

6. Do you know of issues causing lack of participation?

Some include:

- a. Some doctors don't like the process because they prefer building a doctor-patient relationship with patients, not just completing a single evaluation.
- b. There are too many hassle factors.
- c. Scheduling is a big problem for the active practitioner. The exams require a large block of time, taking time slots away from on-going patients.
- d. Beyond the scheduling problem, they also take a lot of uninterrupted time to complete the review and develop the report.

7. How do you feel about requiring audio/video recordings during an examination?

The consensus of the committee was that video recordings are difficult and interfere with the exam. Requiring them would likely make the process even more adversarial. On the other hand, the committee felt that allowing workers to bring a trusted friend or family member as a witness to the exam was appropriate and more effective than recording the exam. Audio recordings are less problematic than video recordings.

8. What are your thoughts on increasing IME availability to workers by having doctors travel for IMEs?

The members noted that this already happens with the IME facilities. It would be difficult for a practicing physician. The committee does recommend that whenever a doctor travels for an IME, the setting should be a standard medical facility only.

9. What ideas do you have on how to better facilitate delivery of diagnostic records (actual films) to the IME doctor/facility?

The members agreed this can be a real problem. Many times it is extremely difficult to track the actual films down. The committee noted that emerging digital technology should help mitigate this problem considerably in the future, as it will be much easier to store and recreate the digital images. Some ideas the members had included requiring the report and/or payment be delayed until the IME provider could review the actual records; requiring that all records be available at a “central clearing house” such as WCD; or requiring repeat testing if the original test results could not be obtained with reasonable efforts.

ACTION: Tom Williams will testify on behalf of the MAC at the January 27th meeting of MLAC to provide the responses to the questions as outlined above.

Medical Quality Initiative: Due to the lengthy discussion about IMEs, there was not time to review this project. Nancy Bieber and Dr. Bowman will contact members in the next few weeks to gather input and make a decision about where to start with the development of treatment guidelines. Each member received a booklet that includes a list of guidelines developed by some other states, along with some related articles, which may serve as a “table of contents” from which to select the first procedure. WCD would also like input about who should serve on the first task force, including any interested members of the MAC.

ACTION: Nancy and Dr. Bowman will initiate an email discussion with members to select the subject for the first treatment guidelines, and get input into who should be included on the task force to develop the guidelines.

(by nb)