



Meeting Notes: March 16, 2007

Members Present: Ronald Bowman, M.D., Chair; Timothy Keenen, M.D., Vice-chair; Brad Lorber, M.D.; Frank Prideaux, D.C.; Gary Rischitelli, M.D.; Franklin Wong, M.D.; Chloe Oliver, City of Portland; Maria Carraher, Injured Worker Rep.

Members Absent: Hans Carlson, M.D.; Tom Williams, P.T.; Pam DeVisser, F.N.P.

WCD committee staff present: Holly Mercer, Debra Buchanan, Juerg Kunz, Nathan Johnson (IMD), Doreen Ratzlaff, Barb Hall, Myra Aichlmayr

1. Approve/Edits of Prior Meeting Notes:

Prior meeting notes dated February 9, 2007 were reviewed and approved.

2. Legislative Issues and Updates *Debra Buchanan, Nathan Johnson*

Handout on Proposed 009 rules - Notice of Proposed Rulemaking Hearing: Open hearing scheduled for April 23, 2007 at 9:00am in room 260, Labor & Industries Building. Any and all input is welcome.

Debbie and Nathan gave an overview regarding some proposed rule changes in the Division 009 rules. These include adoption of updated medical resources (436-009-0004). In addition, there were some changes to the Evaluation and Management (E&M) Relative Value Units, from the Centers for Medicare and Medicaid Services. The Information Management Division did an analysis of Current Procedural Terminology (CPT) codes that are commonly used in Workers' Compensation (WC). This analysis showed that overall, considering CPT codes used often in WC, if there was no change to the (E&M) conversion factor there would be increased payments of approx. 14% for E&M. Because of concerns about rising medical costs, the department has proposed to balance the increase in RVUs with a lowered conversion factor, which should result in essentially static payments overall for providers, depending on the specific services they provide.

New rules: 436-009-0008(2) provides a dispute resolution process when an insurer believes there is an overpayment to a medical provider. 436-009-0070(1) provides that a medical provider may not require pre-payment for medical records unless the provider can document that the insurer has previously not paid for records as required by the rules. 436-009-0070(6) requires that insurers pay providers when depositions are cancelled or rescheduled, on a sliding scale based on how much notice is given to the provider. Debbie noted that the proposed rules are available on the division's website. Other significant proposed changes are noted in the filing documents, available at the beginning of the proposed rules.

Legislation watch: HB 3528 - Allows podiatric physicians and surgeons to act as attending physicians.

HB 2756 – Allows chiropractors, podiatrists, naturopaths, and physician assistants to act as an attending physician for 60 days or 18 visits, and authorize temporary disability compensation for 30 days. The timeframes will be measured from the date of first treatment.

HB 2661 – Allows healthcare providers and recipients to enter into dispute resolution agreements voluntarily, therefore no suing in civil court. (Not a Workers' Compensation Bill).

SB 504 - Requires physician serving as attending physician for workers' compensation claim to be responsible for treatment of worker's compensable injury on an ongoing basis

SB 352 – Gives a physician assistant expanded authority to authorize time loss.

3. Medical Quality Initiative (MQI) Update: *Holly Mercer*

Pharmacy: The pharmacy project is completed and the report is on the web.

Electronic Data Interchange (EDI) Medical Reporting: Testing for EDI will begin in July 2008.

4. Artificial Disc Replacement (ADR) Subcommittee Report: *Timothy Keenen, MD*

Dr. Keenen gave a power point presentation summarizing the subcommittee's report. The first handout provided by Dr. Keenen was a proposed Artificial Disc Replacement Device Classification guide. The subcommittee proposed that by classifying the ADR devices into categories, it will be easier to review various products as they become available. The categories are for the different surgical approaches and the structure of the device. It also refers to cervical but at this time the committee is reviewing only lumbar. Dr. Keenen also provided a second handout which was the ADR Study Summary. This document notes the most persuasive literature that the committee has gathered or received. The third handout was the draft Inclusion and Exclusion Criteria for patient selection. The fourth handout was a questionnaire that gives the Oswestry Disability Index score with a 0-50 range. Dr. Keenen noted that he will receive training from one of the manufacturers in how to perform artificial disc.

Subcommittee Summary: The efficacy and safety of the artificial disc replacement (ADR) at one level, was about the same as fusion. Cost for ADR is about the same as fusion. According to reports reviewed, ADR at one level is proven effective for 2 years, longer term is not proven. If a patient undergoes ADR and it fails, the patient may still have a fusion performed. If patient has a fusion, they cannot have ADR performed. Patient selection is very important when considering ADR.

Motion: A motion was proposed to accept the framework for the ADR device classification. Motion was carried. The committee agreed to accept the study summary of literature from the subcommittee.

Action Item: By the May meeting, the ADR Subcommittee will prepare a document for committee review addressing the pros and cons and whether ADR is compensable and if so at what level. They may provide more recommendations on selection criteria. The subcommittee can reference MAC's Compensability Flow Diagram as a tool to help determine compensability.

Meeting adjourned at 11:30 a.m.

Next Meeting: May 18, 2007, 9:00 - 11:30 a.m., Clackamas Community College Training Center, Wilsonville.