



Meeting Notes: July 20, 2007

**Members Present:** Timothy Keenen, M.D., Vice-chair; Maria Carraher, Injured Worker Rep.; Pam DeVisser, F.N.P.; Brad Lorber, M.D.; Frank Prideaux, D.C.; Gary Rischitelli, M.D.; Tom Williams, P.T.; Franklin Wong, M.D.

**Members Absent:** Ronald Bowman, M.D., Chair; Hans Carlson, M.D.

**WCD committee staff present:** Holly Mercer, Debra Buchanan, Nathan Johnson (IMD), Juerg Kunz, Doreen Ratzlaff

### **1. Approve/Edits of Prior Meeting Notes:**

Prior meeting notes dated May 18, 2007 were reviewed and approved with revisions to #6.

### **2. Medical Projects; Care Provider Bill** *Holly Mercer*

#### **a. Cost-Driver Project:**

The ICD-9 code 722.1 Lumbar disc without myelopathy- our data shows this to be the most costly condition system wide. Holly will bring data and analysis to next MAC meeting in September.

#### **b. HB 2756 Care Provider Bill:**

HB2756 has been signed by the Governor and is effective January 2, 2008. Providers must certify to WCD by Jan. 2, 2008, in order to provide compensable care and to get paid. The certification process and materials are being drafted by the division. Naturopathic Physicians, Chiropractors, Podiatrists, and Physician Assistants can treat as Attending Physicians for 60 days or 18 visits, whichever comes first. The 60 days is cumulative time among the four provider types. They can authorize time loss within 30 days of the first visit to one of them. Communication between the different providers is going to be essential. How will the subsequent providers know if the worker was seen by another provider first and if they still have time left? Discussed the parameters of the bill, the limitations, etc. Nurse Practitioners can authorize 60 days time loss and 90 days treatment. There was no change in that statute.

Discussed that the physician's assistant business model will complicate things because they have to be under the supervision of a medical doctor. The time starts with first visit with a physician's assistant, even though the physician's assistant may be covering for the supervising physician. The bill also includes out-of-state providers, which is logistically and legally problematic since Oregon does not have jurisdiction over out-of-state providers. Discussion regarding limitations on impairment findings made by these providers. Question was asked about the purpose of the impairment rating calculator on the WCD website. Debbie said it is primarily to help the insurers who actually do the rating of impairment/disability, but injured workers or others may use it.

Discussion about time loss authorization and who will educate the workers. Again, communication with and by the providers is essential.

**c. Pharmacy Fee Schedule:**

WCD is looking at changing the fee schedule for pharmacy during the next rule revision. WCD is reviewing whether to strengthen the clinical justifications requirements. The Oregon School of Pharmacy representative may attend the next MAC meeting.

**d. Rules:** The next sets of rules that are coming out (Div. 009, 010, 015, & 0160) are primarily related to the legislative session. For all other issues the revision process should start again after the first of the year.

**e. EDI:** Electronic Data Interchange rules are being revised. EDI requirements are progressing and the department is working with stakeholders on implementation.

**f. Cervical Disc Replacement:** MAC wants to start research on cervical disc replacement next, as there will be a need. There were comments that the process used for reviewing the lumbar ADR worked well.

**3. Lumbar Artificial Disk Replacement (Lumbar ADR)** *Dr. Keenen*

Discussed "DRAFT 06.18.07" MAC ADR findings. Revision: Dr. Keenen would like to see "discectomy" and "laminotomy" removed from the criteria exclusion list, but thought that "laminectomy" could stay. Nucleolysis is rare, but he does not really think it should be there. There was some concern that "laminectomy" was not a very useful term because it has different meanings.

The group liked the idea that WCD would try and develop a registry and follow up study. There was a suggestion that we look at what the State of Washington did in their study.

There was a motion by Dr. Prideaux to change the first paragraph of the recommendations. Dr. Wong seconded. All members voted in favor of the recommendation.

There was a motion by Dr. Lorber to change page 2 Exclusion Criteria by deleting discectomy, laminotomy and nucleolysis. Seconded. All members voted in favor of the motion.

Dr. Carlson already voted in favor by email.

After revisions WCD will email to members for vote by email. No need for minority report.

As an aside, apparently Prestige (brand name) semi-constrained cervical disc was approved by FDA this last week. Dr. Keenen explained the device and process.

**4. Misc.**

There was discussion about out-patient fusions having also increased in number, perhaps in part due to how "fusion" is defined. There was also discussion that more surgeons seem to be moving to ASCs, even for fusions. Some patients have gone home the next day, but currently most are in the hospital for three or four nights primarily for pain control. If fusion includes removing part of the disc, it is being called and billed "fusion" but that is not always appropriate. The move toward outpatient fusion seems to be a financial decision—the profit margin decreases if the patient stays overnight.

Meeting adjourned approximately 11:30 a.m.

Next Meeting: September 21, 2007, 9:00 - 11:30 a.m., Clackamas Community College Training Center, Wilsonville.