

## **MINUTES**

### **KENTUCKY WORKERS' COMPENSATION MEDICAL ADVISORY COMMITTEE**

**MEETING  
JULY 19, 2018**

A meeting of the Medical Advisory Committee was held on July 19, 2018, beginning at 2:00 p.m., in the Oscar Morgan Conference Room at the Department of Workers' Claims, 657 Chamberlin Avenue, Frankfort, Kentucky.

Commissioner Robert Swisher brought the meeting to order and requested that roll call be taken. Committee members participating in-person were: Robert Swisher, Dr. James Bean, Dr. Stacie Grossfeld, Ms. Holly Johnson, Dr. Scott Prince and Dr. Chris Stephens. Dr. Richard Broeg and Ms. Jessika Chinn joined the meeting in progress. Commissioner Swisher reported that notice of the meeting had been properly advertised and was being conducted in accordance with the open meetings law pursuant to KRS 61.823(4)(a).

Dr. Stacie Grossfeld introduced herself to the committee. She is an orthopedic surgeon practicing in Louisville, Kentucky, specializing in shoulder and knee reconstruction. Holly Johnson also introduced herself. She has practiced physical therapy for 32 years, currently practicing in eastern Kentucky with PT Pros.

Commissioner Swisher asked the committee if there were any changes needed to the minutes of the May 31, 2018 meeting. With no changes requested, Dr. Bean moved that the minutes be approved, seconded by Dr. Prince. All members voted aye and the minutes were approved.

Commissioner Swisher introduced the guest speakers from ReedGroup, Joe Guerriero, Senior Vice-President of ReedGroup's MDGuidelines; Lucy Shannon, Director of Content and Research for MDGuidelines; and Peter Green, Director of Product and Partnership for MDGuidelines. These representatives were present upon invitation to address the committee with respect to ACOEM Formulary and Guidelines. Mr. Guerriero informed the committee that MDGuidelines is a part of the ReedGroup, a company founded 40 years ago by Dr. Presley Reed. Dr. Reed served as a medical disability advisor. The company was purchased and is currently owned by Guardian Life Insurance, one of the largest mutual life insurance companies in the U.S. MDGuidelines conducts research and has developed ever-evolving information and guidelines with respect to illnesses and injuries.

Ms. Shannon guided the committee through a PowerPoint presentation outlining the products offered by MDGuidelines and the ReedGroup. She noted that they acquired the ACOEM Practice Guidelines in 2013 and explained the current structure of the team which performs research and develops practice methodology. The ACOEM Guidelines were developed under the supervision of Dr. Kurt Hegmann, professor and director of the Rocky Mountain Center for Occupational and Environmental Health at the University of Utah. The ACOEM research team has retained its editorial independence and methodology for developing its practice guidelines. She explained the criteria used by ACOEM with a goal to produce the most rigorous, reproducible and transparent guidelines available. This research team, along with researchers associated with MDGuidelines has developed a case management database based on evidence-based medicine. MDGuidelines offers full technological capabilities to integrate its research findings into all types of businesses, including treatment providers, insurance carriers, medical reviewers, and the legal and regulatory community. Ms. Shannon reported that evidence-based guidelines consist of information developed through a published, detailed and understandable methodology with scientifically verifiable conclusions. The reviews and recommendations are developed by professionals holding credentials in their fields who have undergone appropriate training. She explained the development and revision process used internally by MDGuidelines. Before guidelines and recommendations are adopted, the research is presented to outside professionals and medical panels for external review and verification. MDGuidelines strives to be completely transparent with respect to reporting what literature is relied upon and who reviewed the information before recommendations are adopted. Ms. Shannon explained the scoring process assigned to all research, with strength of scoring a factor in weighing the validity of the information received. Commissioner Swisher asked if there are industry standards controlling the scoring process, and Ms. Shannon answered yes, explaining that the published standard methodologies of GRADE and AGREE are used.

Dr. Bean asked how a medical panel is selected. Ms. Shannon explained that Dr. Hegmann has served as editor of the guidelines since 2004, and that his research team at the University of Utah consists of a stable group of master degreed students with some undergraduate students. For outside researchers, an individual may apply on-line. In addition, specialists who have served previously may be invited to participate. A variety of specialists are asked to participate including pain specialists, physical therapists and multi-disciplined practitioners. All researchers are non-paid volunteers. Questions came from the committee members regarding how MDGuidelines verifies the qualifications of researchers, and Dr. Russell Travis, a member of the board for ACOEM, explained that the participants are trained and take courses.

Ms. Shannon reported that each discipline for which guidelines are developed are updated every three to five years. Comprehensive reviews are performed and can be lengthy. Annual focus updates provide faster results. The updated material is sent to outside reviewers only if there is a substantive change in the guidelines. Dr. Bean asked how external reviewers were identified for inclusion on reviewing panels, and Ms. Shannon answered that they reach out to over 150 medical societies as well as individuals when searching for experts in the medical field.

Ms. Shannon presented the committee with a list of medical categories for which ACOEM has developed practice guidelines. She noted that the newest category, Mental and Behavioral Health in the Workplace is still in development and will be released in modules as the information is completed. Dr. Bean asked why ACOEM wanted to be acquired by another company, and Mr. Guerriero explained that ACOEM wants to focus on its research and guideline development and “get out of the publishing business.” However, he noted that prior to publishing any information, it must receive ACOEM’s stamp of approval.

Ms. Shannon led the committee through a presentation of how the ACOEM Treatment Formulary can be used through the MDGuidelines website. The Drug Formulary development team is led by Dr. Robert Goldberg, head of Healthsystems, and consists of pharmacists with advanced degrees. The external reviewers consist of Dr. Hegmann and his team from the University of Utah, medical professionals, and representatives from insurance companies who provide coverage for employers. The methodology for developing the Formulary consists of recommendations based on research of literature, which is evaluated and scored for bias and strength, classifying the medications and listing their usage options, and supplementing this information with recommendations from other sources. Ms. Shannon reported that one of the leading sources for information is Healthsystems. The committee posed questions regarding the influence workers’ compensation insurance companies may have in determining what is or is not included in the Formulary. Ms. Shannon explained that those providing input are clinical experts and medical practitioners and not actuarial members of the insurance community. Panel members are chosen as individuals, not by the company they may represent.

Medical conditions are listed by body part, whether the phase of treatment is acute or chronic, the class of medications recommended for the condition, specific medications used with generic counterparts, and the conclusion reached by ACOEM as to whether the treatment is recommended or requires additional medical evidence prior to recommendation based upon the research provided. Links to the research included for each recommendation is provided on the website. She noted that the final decisions of what goes into the Formulary are made by Dr. Goldberg and Dr. Hegmann.

Topics on MDGuidelines’ website can be searched via different access points and tabs to find the information regarding recommended treatment including therapies and medications. The site also provides information regarding expected length of disability as well as expected costs of treatment. Ms. Shannon demonstrated the different links that can be used to search for conditions, treatments and medications. She noted that they are currently developing links to take researchers to all of the literature used in development the recommendations for treatment.

Discussion followed regarding the cost of access to the website and Mr. Guerriero explained the current options for businesses with prices varying depending on the number of users. Currently, prices are charged on an annual basis. He gave an example that a solo legal practitioner would be charged \$337.50 per year for access to the website. Larger companies may be negotiated with an average cost of \$100 per year per person.

The committee briefly discussed the need to development enforcement procedures and what the consequences may be for practitioners who do not follow accepted guidelines. Commissioner Swisher noted that this topic will be addressed by the Regulatory Advisory Committee in the near future. Members of the committee had concerns about the length of time currently needed to obtain peer-to-peer review or schedule appointments with specialists, and Commissioner Swisher again noted that these issues will be addressed by the Regulatory Advisory Committee. Ken Eichler, a member of the audience, reported that group health, Medicare and Medicaid guidelines are already established. He noted that having guidelines and recommendations do not eliminate the need for care, just defines a method to get care with options for substantiating the need for treatment when the request falls outside recommended guidelines. He emphasized that the guides are a tool to help substantiate need and provide for treatment in a timely manner.

The committee discussed issues regarding the strictness of time limits for obtaining treatment set out in the guidelines. Commissioner Swisher noted that the drug formulary is not a stand-alone guide, and treatment guidelines are needed for complete implementation of any recommendations. While House Bill 2 has set out different time limits on developing the drug formulary and treatment guidelines, both the Medical Advisory Committee and Regulatory Advisory Committee will review the need to develop both the drug formulary and treatment guidelines at the same time. A decision on this will be made at future meetings.

The committee requested a temporary license for access to the MDGuidelines website in order to further evaluate the product. The presenters agreed to provide that access and will contact Commissioner Swisher in the near future regarding that. Ms. Shannon again showed the committee ways to navigate the website. Questions arose regarding application to workers' compensation issues, i.e., the assignment of permanent partial disability ratings and the need for future treatment. Ms. Shannon explained that care is considered necessary as long as a patient is making functional improvement. Dr. Broeg noted that there are instances when a patient may have reached maximum medical improvement but will still require maintenance medical treatment. The patient will not be considered to be making functional improvement, but the treatment is required to keep that patient at his or her current level of function. Ms. Shannon noted that guidelines for acute flare-ups are included. The issue of maintenance and access to treatment was not discussed in depth.

Commissioner Swisher thanked the representatives of ReedGroup for their presentation. All committee members received hand-out information from the presenters.

Commissioner Swisher reported that a presentation from ODG representatives was scheduled for August 9. He had also contacted Dr. Snyder from Tennessee who indicated he would be available to address both committees the last week of August. Commissioner Swisher anticipated that following all the presentations, the committees would meet to tie all the information together in mid-September, and be able to make a decision on the adoption of guidelines, whether they be custom guides developed by the committees or accepting guides developed by ACOEM or ODG.

Dr. Bean expressed an interest in how adoption of regulations would be implemented by the Regulatory Advisory Committee. He noted the concerns of obtaining expedited or timely medical treatment for conditions that fall outside of any guidelines. These concerns were confirmed by all the members of the committee. Commissioner Swisher assured the members that these issues would be addressed by the Regulatory Advisory Committee as they develop the options for treatment.

Dr. Grossfeld noted that after a patient has been assigned an impairment rating following reaching maximum medical improvement, ACOEM doesn't appear to provide guidelines for treatment to maintain a current functional level. Concerns regarding breaks in care were expressed by Ms. Johnson. All members agreed that developing a better system with reasonable time frames for obtaining medical treatment are needed. Current utilization review and appeal processes may need to be revisited and adjusted. Dr. Broeg noted that there is a wide variance in treatment and recovery times for various patients depending on age, physical condition and additional medical factors. All agreed that gaining access to MDGuidelines' website would assist them in their ability to make future recommendations for adopting guidelines for Kentucky's Workers' Compensation Department. Mr. Eichler encouraged the committee members to engage in open communication with medical providers and insurance carriers when determining the needs of a patient. He noted that treatment guidelines can be used for "ill or good", and the goal is to have all parties working as a team to obtain the best result for both the patient and the carrier.

A motion was made by Dr. Bean to adjourn, seconded by Ms. Johnson. The meeting was adjourned at 4:05 p.m.