

MEDICAL ADVISORY COMMITTEE MEETING

May 4, 2016

LOCATION:

Tennessee Room, 1-B, 220 French Landing Drive, Nashville, TN. 37243

ATTENDEES:

David Tutor, MD, Occupational Medicine, Committee Chair
Abbie Hudgens, Administrator, Bureau of Workers' Compensation
Keith Graves, DC, Chiropractor
Rob Behnke, Cracker Barrel
John Brophy, MD, Neurosurgeon
Misty Williams, Travelers Ins.
Ginny Howard, Zurich Ins.
Jim Talmage, MD, Assistant Medical Director, Bureau of Workers' Compensation
Jeff Hazlewood, MD, Assistant Medical Director, Bureau of Workers' Compensation
John Dreyzehner, MD, Commissioner of Tennessee Department of Health
Greg Kyser, MD, Psychiatrist
Lisa Hartman, RN, AFL-CIO
Robert Snyder, MD, Medical Director, Bureau of Workers' Compensation
Suzanne Gaines, Bureau of Workers' Compensation

ON TELEPHONE:

Randall Holcomb, MD, Orthopedic Surgeon
Sushil Mankani, MD, Liberty Mutual
Ken Eichler, ODG
(Two Others)

GUESTS:

Yarnell Beatty, Tennessee Medical Association
Tammy Crafton, TOA
LeAnn Lewis, Coventry
Robin Smith, NeuroSpine Committee
Desiree Anderson, Schmidt Govt. Solutions
Adam Jaynes, Baker Donelson
Terry Parker, Vanderbilt
Kristin Lesh, Care Management
Mark Pew, Prium
David Price, Prium
Tonya Cain, Eckman Freeman
Toni McCaslin, ThePool-TN
Jesse Larrison, Enablecomp

David White, Enablecomp
John Williams, representing TN. Chiropractic Assoc.
Elizabeth Millsaps, MillsapsGowan
Lou Alsobrooks, Smith HarrisCarr

CALL TO ORDER:

By Dr. Tutor at 1:10 PM, CDT

Introductions were concluded.

Quorum determined, 11 voting members present and one on the telephone. Six needed.

Minutes were accepted and approved as circulated.

OLD BUSINESS:

Dr. Snyder reported over 215 attendees for training sessions of Treatment Guidelines and Drug Formulary around the state since the last meeting.

The Supplemental Spine Study Group posting language was discussed and changed by removing reference to ODG. The change was as follows to replace the sentence with “These comments and observations are to be considered by Utilization Review Organizations and physician reviewers in making decision concerning Tennessee Injured Workers whose diagnoses are affected.” Among the observations addressed by the Study Group, there was no disagreement with the physicians present as to their accuracy. Some treatments are not addressed by ODG and, due to the nature of the diagnosis or treatment, some problems may never have guidelines that are evidence based. As a result, ODG cannot address them using their basic underlying principles. 10 affirmative votes recommended that this change be approved by the Administrator.

On March 28, the formulary providers (PBMs, Insurers, and Pharmacists) met with Dr. Snyder to review and discuss the implementation of the drug formulary. The FAQ sheet and the letters have been posted.

Troy Haley gave the legislative update. Some “housekeeping” matters were completed in this session, as well as Case Management penalties, adjuster certification, “silent” PPO penalties, changes to Drug Free Work Place training requirements, and extension of the Workers’ Compensation Advisory Council. The Courts may now award attorneys fee in some circumstances, and an attorney ombudsman may give some legal advice.

The medical fee schedule was discussed with handouts. Dr. Snyder gave the history of the fee schedule. Discussion followed of problems with fee schedule and friction within the system and whether changes to the fee schedule might help to alleviate some of the problems:

1. According to WCRI, there is a 6% shift of injury cases to worker's comp driven by causation analysis.

2. Dr. Brophy pointed out that doctors don't like confrontation arising from causation, so they are reluctant to take worker's comp cases or to dispute the patient's assertion.

3. The specialties of psychiatry and dermatology take limited insurance and resist treating WC.

4. There is also a problem with out of state doctors refusing to accept Tennessee's fee schedule because it is so low.

5. There is a need to attract quality doctors for better outcomes and incentivizing quality care.

6. Universal health coverage was discussed, where coverage for health access is not governed by whether or not the injury occurred on the job. The object is to get the most appropriate treatment as soon as possible, irrespective of the time or circumstances of the injury or condition. It would make no difference whether injury is worker's comp or not. In this scenario all injuries are considered equally so that there is no secondary motive for worker's comp.

7. TennCare is piloting episodes of care. Would this be something to explore in WC?

8. It is noted that health insurance does not cover short term disability like worker's comp.

9. Federalizing WC was reported by Abbie to be one of the noteworthy unanimous opinions to come out of the first of a national conversation about the future of WC. The program is to come to Nashville in October. Further comments and discussion will occur at the next meeting.

10. It was observed that there is a huge cost to employers for review of medical bills. These costs are built into the system. Might there be some way to publish a complete fee schedule: "for this code you pay this"?

11. A problem has arisen about a Medicare rule forcing some surgeries into inpatient care vs. outpatient care (resulting in high infection rates and higher costs). Further information will be forwarded to the Medical Director.

12. The Peer-to peer-review document from last meeting was referenced. Treatment guidelines could make peer to peer less necessary. Clearer documentation would also lessen the need for peer to peer conversation and would lower costs.

NEW BUSINESS:

Abbie asked that the desire to continue membership and participation be communicated to her.

NEXT MEETING

Dates in September, more acceptable than August. Dates will be distributed.

ADJOURNMENT

Approximately 2:50 PM.

