Medical Advisory Committee

March 1, 2017

Location: Tennessee Room, 1-A, 220 French Landing Drive, Nashville, TN. 37243

Attendees:
Abbie Hudgens, Administrator, BWC
Keith Graves, DC, Chiropractor
Rob Behnke, Cracker Barrel
James Talmage, MD, Assistant Medical Director, BWC
Greg Kyser, MD, Psychiatrist
Misty Williams, Traveler Ins.
Ginny Howard, Zurich Ins.
Randall Holcomb, M.D., Orthopaedist
John Brophy, M.D. Neurosurgeon
John Benitez, M.D. Department of Health
Robert Snyder, MD, Medical Director, BWC
Cerisia Cummings, DO, Bridgestone
Jeffrey Hazlewood, M.D., PM&R
Suzy Douglas, BWC
Mark Finks, Attorney, BWC
Darth Davenport, BWC
Suzanne Gaines, BWC

On Telephone:
Lisa Bellner, MD, Pain Management
Robin Smith, Neurospine
Becky Troupe, HealthE Systems

Guests:
Yarnell Beatty, Tennessee Medical Association
Tonya Cain, Eckman Freeman
Faith Parrish, Vanderbilt
Toni McCaslin, HealthTrac, Inc
Tammy Crafton, TOA
David Price, PRIUM
Adam Jaynes, MNAGR
Desiree Anderson, Schmidt Government Solutions
David Dipietro, Purdue Pharma
Lou Alsobrooks, Smith Harris & Carr

Call to Order:
In the absence of the Chair, Dr. Tutor, Dr. Snyder called the meeting to order at 1:05.
Dr. Brophy nominated Dr. Graves to chair the meeting.
The motion was seconded and approved.

Quorum was determined.

The minutes were approved for the November 1, 2016 meeting and the joint meeting December 154, 2016, as circulated. The motion by Dr. Benitez was seconded by Ginny Howard.

Old Business:

Dr. Snyder spoke about treatment guidelines and formulary and to the handout *Tennessee Workers Compensation Drug Formulary FAQ.* Noted was the addition of a request for leniency for the older claims on long term opioids. This concerns treatment of long term patients and their difficulty weaning off opioids.

The first six months of the Request for expedited determination (**RED**) was presented by Dr. Snyder. Four cases were ordered and four cases were closed.

Dr. Snyder reviewed a handout the summarized MAC formulary points and follow-up on the conference call for the Supplemental Formulary Study Group. Dr. Bellner's cases were reviewed. Surgery and medication may not always be the best answer but it can be difficult to convince a patient that alternative therapies can be just as effective. It might be possible to eventually convince providers that alternative treatments can take the place of some surgeries and medications. This might work on the next generation of patients. Dr. Graves observed that the treatment algorithms must include alternative treatment, not as a "well everything else has failed, so let's try them", as to incorporate these treatment early in the course and as an initial part of the discussion. Alternative therapy is not organized into a treatment plan for workers' comp. Patients resist alternative treatments because they are perceived as being less effective.

It is suggested that medication should not be used in the beginning of treatment in order to avoid patient dependency (a pill for everything). Multiple therapies are needed. Alternate therapies need to be validated and coupled with other treatments. Misty Williams said that alternative therapy providers are hard to find from the insurers standpoint.

Dr. Kyser observed that patients can have anger over disability which can prove difficult for therapists. Consequently, Psychiatrists and psychotherapists find this group particularly hard to treat/improve. Their missed appointment rate is high. A discussion of the present fee schedule rules for reimbursement for missed appointments is not well known in the physician community. The physician may charge for a missed appointment. By so doing, the adjuster can the threaten suspension of benefits and would do so if the insurer is paying. Dr. Talmage is going to reach out to the Tennessee Psychiatric Association for their April meeting.

Dr. Snyder outlined the ODG response to questions concerning the lack of long acting opioids on the formulary. Their response was that the evidence and CDC does not support the efficacy. It still leaves our physicians with limited options and requires a lot of time and work to get approvals.

Dr. Snyder reviewed his outline of what the Bureau is doing concerning the opioid crisis in conjunction with the Department of Health. According to the latest statistics, MME's going up in age groups over 60 and over 70. Patients over 60 y/o is a growing group of the overdose deaths.

The Bureau sees, in UR Appeals, a group of patients with injuries of over 20 years and on long term opioids and other psychoactive medications. In a discussion with the Department of Health, there are certain high risk combinations that the treating physicians should a addressing in their weaning. Insurers are also looking at the patient care that involves heavy medication. There is increased risk and more complications that the Bureau will be reviewing.

Extra attention is going to be paid to patients that are on the following:

1. MMEs over 200, 120 over age 60.
2. Patients over 60 on opioids and benzodiazepines not from a psychiatrist.
3. Patients on Soma.
4. Any patient on the "holy trinity"- an opioid, a benzodiazepine and Soma.

Dr. Kyser asked about genetic testing not getting approved. Dr. Snyder suggested he appeal to the Bureau.

A "Bad UR" case presented and discussed for tracking. It involved the use of lidocaine for catheterization and not for neuropathic pain. The reviewed misstated what was in the notes. A motion to track was approved.

WCRI looked at Tennessee data and issued a revised report. This was reviewed. Most of the major surgical codes are either neurosurgery or orthopaedic so the almost all of the Tennessee fee schedule would fall into the higher of the range above 200% but below 275 % used compared to Medicare in their calculations. Tennessee is slightly below neighboring states but 161% over Medicare. The difference is related to the fixed conversion factor, used in Tennessee. Dr. Snyder gave the history. In 2007, the fee schedule was instituted. Medicare conversion factor floated and test GR came into effect. Surgery payments were threatened. Commissioner Neeley set the 33.9764 rate as a fixed conversion factor. Since that time, the "SGR" has been repealed, and the 2016 Medicare conversion factor is 35.8043. The difference is not significant. Tennessee is in the middle of other states when it comes to conversion rates.

A discussion followed concerning how to incentivize quality doctors to participate in worker's comp. Dr. Brophy said that this is partly generational but that they would need extra incentives to participate. There is also a need to weed out people who want to game the system. Abbie Hudgens offered that incentivizing doctors may be improved by offering clean administrative output, lessening the administrative burden, reducing confrontations, easing adversarial relationships, quick pay and by looking at other system issues. Dr. Brophy observed that worker's comp doctors tend to work more in pools than in small groups.

Doctor panels were discussed. The employer has three days to approve a panel. There are penalties for insurance companies who will not approve a provider. They must say no within

three days of injury. Dr. Brophy noted that getting patients seen quickly can be a priority even in workers' comp.

Dr. Holcomb asked about insurer approvals for week-end emergency visits when they come into the office on Mondays without insurer authorization. Part of the lack of authorizations may be that within that timeframe, the insurer may not have been notified by the employer. Further help for Dr. Holcomb was offered by Abbie.

New Business:

Dr. Snyder distributed two pieces of paper that identified issues in WC to be addressed at the next meeting that were part of the planning for the Educational Conference.

Announcements:

Annual Educational Conference is June 13-15, 2017 in Murfreesboro.
The Physician's conference is in Memphis, June 10 and 11, where causation and treatment guidelines will be presented.

Thanks go to Dr. Benitez for his service in the Reserves.

The date of the next meeting has not been decided.

Adjournment: 2:30 PM