Medical Advisory Committee

May 19, 2020
Via WebEx

Members:

David Tutor, M.D., Occupational Medicine
John Brophy, M.D., Neurosurgery
Cerisia Cummings, D.O., Bridgestone
Misty D. Williams, R.N., Travelers
Rob Behnke, Cracker Barrel
James G. Kyser, M.D., Psychiatry
James B. Talmage, M.D. Assistant Medical Director
Keith Graves, D.C., Chiropractic
Jeff Hazelewod, M.D., PM&R, Pain Management
Lisa Bellner, M.D., PM&R, Pain Management
Lisa Hartman, R.N., AFL-CIO
Troy Haley, BWC Attorney
Robert Snyder, M.D., Medical Director
Abbie Hudgins, Administrator
Mark Finks, Attorney, BWC
Suzanne Gaines, BWC
Suzy Douglas, BWC

Guests:

Terry Horn, R.N, VUMC
Brian Allen, Mitchell
Tom Coccia, AHCS
Jonathan May, Attorney
Yarnell Beatty, TMA
Jim Schmidt, Government Solutions
Larry Brinton, Careworks
David Price, The Preferred Medical
Call to Order: Dr. Tutor called the meeting to order.

Introductions: Committee members and guests were given muting instructions.

Quorum: Established (10 of 16, 8 needed).

Minutes: The minutes of March 17, 2020 were approved as distributed.

Old Business.

ODG Update:
Dr. Snyder gave the updates for three months of ODG changes which were reviewed and accepted by voice vote, no dissent. Notes were made of significant changes for the committee.

Telemedicine update:
Mr. Mark Finks announced there would be a meeting to discuss the proposed rule draft for telemedicine on Friday, May 29th at 10:00. Telemedicine issues raised by COVID-19 will be discussed at the meeting.

Legislative Update:
Mr. Troy Haley reported that the General Assembly will return in June. At this point, it is unclear if they will only discuss the budget and issues regarding COVID-19 or if they will do more. The Advisory Council sunset is good for one year.

UR Working Group Report:
The working group has not met since the last MAC meeting.
Access to Care Report:

Dr. Snyder asked for comments on the report which had been distributed to committee members with the agenda. The focus of discussion began on page 12, under potential remedies.

A. Services
1) Telehealth, no action as rules are being developed.
2) Clinics, noted.
3) Mid-level Providers
Dr. Snyder commented that a bill to expand their scope of practice to include Workers’ Compensation causation and impairment ratings was withdrawn earlier this year. Scope of practice expansion is an issue in other groups. Ms. Hartman commented that Nurse Practitioners have full practice authority on a Federal basis and adopting this expanded scope of practice in Tennessee might help in workers’ compensation. Dr. Snyder explained that we cannot change the scope of practice. Ms. Williams commented that the previously proposed mid-level practice expansion would have included MMI, causation, and impairment ratings which are beyond initial care. There was no action taken by the committee.

4) Alternative Providers
Dr. Brophy asked if there was proof that these work in workers’ compensation. Dr. Snyder said that psychological support is important for return to work, and some patients respond well to group therapy. Dr. Graves stated that there is good evidence regarding acupuncture. Dr. Hazlewood uses it for in pain management. He also stated that ODG supports acupuncture and Cognitive behavioral therapy when used to get patients off opioids. Dr. Bellner moved to support a recommendation for alternative care providers, and Ms. Williams seconded the motion. None were opposed.

5) Specialty Access
The committee heard the explanation and agreed with the assessment. No action was taken.

6) Medical Benefits
Dr. Snyder noted that his choice of words did not accurately reflect what the access issue is for Workers’ Compensation. A better explanation is to eliminate secondary factors by creating healthcare access through the same system regardless of where one is injured. No action was taken by the committee.
B. Financial

1. Reimbursement

How do we attract the best providers? Dr. Brophy said some groups are paid by RVUs and receive no benefit for completing ratings. Dr. Snyder responded that we are already in the process of adding RVUs for IMEs, IRs, and special reports. These will be included in the Medical Fee Schedule proposed changes. Some on the committee would like to see an increase in non-procedural services and some increase in procedural services, the non-procedural services may go up to 200% of Medicare.

The committee moved (Dr. Brophy) and seconded (Dr. Hazlewood) and passed a motion (by voice vote) to recommend further increases in reimbursement to increase participation by the better providers.

2. Bill Review

This issue was voiced as one of the most frustrating areas for providers. The recommendations were reviewed with limitations on review activities, mandating the fee schedule and strengthening the contacting statute receiving the most support. Dr. Graves moved and Dr. Brophy seconded the motion for the BWC to study the recommendation listed in the report in order to increase participation. No opposition by voice vote.

3. E-Billing

It will expand as technology becomes more readily available. No action was taken by the committee.

4. Networks

The report was noted with no action by the committee.

5. Utilization Review

The working group is studying this issue with no recommendations at present. The physicians on the committee are in favor of revision to the present system.

C. Communications

The report’s notes on EMR, transfer of information and forms were reviewed without comment from the committee.

4. The correspondence problem notes in the report were understood by the committee with comments that it real. No recommendations from the committee.
D. Others
Bias and Patient Advocacy parts of the report were reviewed without comment.

3. Return-to-Work
The BWC is developing an initiative that will involve education and training. A comment was made that employers may want to consider telework alternative to limited or light duties as an option even after the pandemic.

**New Business:**

**COVID-19:**
What are your comments? Dr. Snyder mentioned that the BWC was receiving one hundred claims a week. Seventy percent have not been denied though we do not know if they will be accepted. Tennessee has no presumption. One person commented that it might be difficult to prove that an employee had become infected at a place of employment such as a store or restaurant.

**Annual Conference:**
The conference has been canceled.

**Next Meeting:**
The next meeting is scheduled for 9/15/2020.

**Adjournment:**
The meeting was adjourned at 2:50 PM by Dr. Tutor.