Virtual Panel Meeting
May 14, 2020

The meeting will begin shortly. As a courtesy, please mute your phone.
Topics

• Welcome
• Meeting Mechanics
• Confidentiality/COI Reminders
• Editorial Change Proposal Update
• Editorial Priorities Strategic Plan Discussion
• Newsletter Subcommittee Update
• Early Access Program Update
• Closing
Establishment of Quorum

• Attendance will be taken to establish Panel quorum.

Panel Members

Marie Acierno, MD  Rita Livingston, MD, MPH  Noah Raizman, MD
Helene Fearon, PT  Doug Martin, MD  Michael Saffir, MD
Steven Feinberg, MD  Kano Mayer, MD  Jan Towers, PhD
David Gloss, MD  Mark Melhorn, MD
Robert Goldberg, DO  Marilyn Price, MD

Panel Advisors

Chris Brigham, MD  Abbie Hudgens, MPA
Hon. Shannon Bruno Bishop, JD  Hon. David Langham, JD
Barry Gelinas, MD, DC
Meeting Mechanics

• Panel members and advisors are open-line participants and may speak at any time throughout the duration of the event.
  • Please consider muting your phone to prevent background noise and raising your hand to pose a question or comment.

• All other attendees are on listen-only mode. Attendees on listen-only mode may press *1 to indicate to an operator that they would like to speak.
  • We will periodically pause for comments/questions from the community.
  • The operator will temporarily unmute your line to allow you to speak.
Confidentiality/COI Reminders

- **Confidentiality**
  - It is at the discretion of the AMA, the publisher and convener, which topics, news items, or policy decisions resulting from this or any Editorial Panel meeting will be announced publicly at the appropriate time. Until and unless the AMA makes such a public announcement, all discussion and decisions made during AMA Guides® Editorial Panel Meetings are confidential.
  - Please refrain from tweeting or participating in podcasts, interviews, or news articles about Panel meetings, discussions, or deliberations. Recording devices by Panel members and co-chairs is strictly prohibited. The AMA will record all Panel meetings for reference materials and will be the only recording of Panel meetings allowed.

- **Conflict of Interest (COI)**
  - You are here because of your interest and/or experience with the AMA Guides®, but your affiliations could pose a potential conflict of interest. Please mention all of your disclosures if they are relevant to the topic being discussed or the opinions you hold and express.
  - While you were nominated by a society, remember that your Editorial Panel duty is to the AMA Guides®. You are not here to represent the interests of any society, profession, or employer.
Professional.
Ethical.
Welcoming.
Safe.

- Updated policy in early 2019.
- This is what we expect of our members and guests at AMA-sponsored events.
- We take harassment and conflicts of interest seriously. Read our policy or file a claim at ama-assn.org/codeofconduct or call (800) 398-1496.
## Summary of Editorial Panel Actions April 2020

<table>
<thead>
<tr>
<th>ID</th>
<th>Affiliated Organization(s)</th>
<th>Applicant Name</th>
<th>Action Requested</th>
<th>Editorial Panel Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>American College of Occupational and Environmental Medicine American Psychological Association</td>
<td>Kathryn Mueller, MD Stephen Gillaspy, PhD</td>
<td>Approve the approach to evaluate the validity and reliability of the functional tools used in the AMA Guides and approve the team from the APA and ACOEM to apply the approach and suggest reliable tools for the Guides. This approach includes identifying PROMs that are commonly used in practice and are reliable for use in the Guides. The chapters where these tools apply are the spine, lower extremity and upper extremity chapters, but would like the panel’s recommendation on other chapters where these tools should be applied/evaluated.</td>
<td>Approved</td>
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<tr>
<td>2</td>
<td>N/A</td>
<td>John Burton, PhD, LLB</td>
<td>1. Approve change in text as outlined in the proposal regarding and wage loss and Work Disability Ratings. 2. Approve in principle a proposed supplement for converting WPI ratings per the Guides into Work Disability ratings states could choose to deploy. Approval of the proposal would not obligate the Panel to accept the complete Supplement for publication by the American Medical Association.</td>
<td>Not Adopted</td>
</tr>
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Editorial Priorities

Content Pipeline for 2020 and Beyond
Editorial Priorities Identified by the Panel

- DSM 5 Update
  *Chapter 14*
- Central and Peripheral Nervous System
  *Chapter 13*
- Spine
  *Chapter 17*
- Rating Terminology

Telemedicine

*April 23*
DSM IV → DSM 5 Update (Chapter 14)

• DSM 5 proposal in process of being updated, this will also include updates to testing
• Anticipated review by the panel at the August 2020 meeting or sooner
• If provisional approval is granted by the panel, the proposal will move to open comment process before adoption
## Central & Peripheral Nervous System (Chapter 13)

<table>
<thead>
<tr>
<th>Updates Needed</th>
<th>Engagement Opportunities</th>
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<tbody>
<tr>
<td>• Grade modifier</td>
<td>• Neurology &amp; Related Specialties</td>
</tr>
<tr>
<td>• Radiculopathy</td>
<td>• Physical Med/Rehabilitation/Occupational Health</td>
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<tr>
<td>• Upper extremity</td>
<td>• Medical Evaluators</td>
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<tr>
<td>• Traumatic Brain Injury</td>
<td>• Neurology &amp; Related Specialties</td>
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<tr>
<td></td>
<td>• Physical Med/Rehabilitation</td>
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<td></td>
<td>• Specialty State Societies (Iowa)</td>
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<td>• Military</td>
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<td>• Professional/Collegiate Sports Associations</td>
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## The Spine (Chapter 17)

<table>
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<tr>
<th>Updates Needed</th>
<th>Engagement Opportunities</th>
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<tbody>
<tr>
<td>▪ New diagnoses and interventions needed for the spine</td>
<td>▪ Orthopedic and Spine Associations/Workgroups</td>
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<tr>
<td>▪ Examples: Transition zones and MRI</td>
<td>▪ Physical Med/Rehabilitation</td>
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<td>▪ Craniological evidence - revisit based on history/outcomes</td>
<td>▪ Chiropractors</td>
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<tr>
<td></td>
<td>▪ Neurology</td>
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<td>▪ Radiology</td>
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# Rating Terminology

## Updates Needed

- “Chapter-by-chapter” approach to evaluate the use of rating terminology “mild”, “moderate”, and “severe”

## Considerations

- Apply WHO ICF Framework as applicable to align with international standards
- Achieve consistency in what definitions mean across each body system
Telemedicine

• At the April 23rd meeting, the Panel voted to create a special subcommittee to address impairment ratings over telemedicine
• Guidance would be floor/ceiling with the overall goal of improving the quality of impairment ratings
• Considerations include state regulations, type of injury, independent medical evaluation, medicolegal considerations
• Exact deliverable still to be determined, but options include:
  • Editorial Change Proposal
  • Adjunct to the Guides as the ‘official word’
  • Addition to the AMA Telemedicine Guide
  • Other options for discussion
Discussion
Guides® Newsletter Subcommittee

• Recommendations and Plan of Action drafted for the full Panel to consider
  • Upon approval by the Editorial Panel, a recommendation will be made to AMA Management for decisions related to the Guides Newsletter
• Members will be co-authors of a non-authoritative article on Telemedicine for the May/June issue
  • Not floor/ceiling recommendations but an overview of best practices for when and how to conduct IR exam using telemedicine and introduction of related concepts.
  • Consideration to jurisdictional and other legal implications and types of injuries which can/cannot be evaluated in this format
AMA Guides Newsletter Draft Recommendations for AMA Management Consideration

• Move the Guides Newsletter to a digital format. A new digital/electronic platform is key for long term success. Suspend Print publication.

• Immediately begin referencing each Newsletter by Volume and Issue Numbers to allow for easy referencing and search optimization.

• Market strongly to additional stakeholder groups (e.g., international audience, legal and other non-physician stakeholders) and link with other AMA products.

• Content should reflect a hybrid of ‘official’ and ‘opinion’ information. Develop process to distinguish appropriate content as the official word of the Guides.

• Retain existing purpose and mission statement

• Maintain bimonthly issue release cadence [publication frequency] and maintain current editorial process
Early Access Program

• Interest in the EAP is growing (14 total), indicating interest in Guides’ next generation strategy
  • Participation from large states, including Texas, New York, and California
  • Membership includes administrators and state leadership
• April 23 meeting promotions onboarded 5 new states: TX, MN, ND, NV, & NM
EAP Kickoff Highlights

• Impact of COVID-19:
  • Adoption and expansion of telemedicine policy
  • Shuttering of clinics and practices in some states
  • Some states reported delays of IMEs
• Approve of Guides editorial process and enjoyed participating in April
• Expressed challenges with implementing incremental updates to the Guides based on legislative considerations
• Cited interest in greater education and training on Guides offered virtually
AMA Telehealth & COVID-19 Resources

- AMA Telehealth Implementation Playbook
- AMA Telehealth Quick Guide
- STEPS Forward Telemedicine Module
- AMA Physician Innovation Network Telemedicine & COVID discussion
- AMA Telehealth Coding Scenarios
- HHS Telehealth Website
- Summary of state directives to expand telemedicine services during COVID-19
- COVID-19 State Policy Guidance on Telemedicine
Closing

• Next meeting will take place on June 18, 2020 at 6:00 pm CT
  • Primarily used for subcommittee meetings
  • Assessing future meeting cadence for remainder of 2020 and planning 2021 meeting calendar
• Editorial panel members and advisors are required to sign new confidentiality agreements and disclosures. Staff will be in touch later this month with more information.