



AMA Guides® Editorial Panel

Virtual Panel Meeting
July 16, 2020

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

Topics

- Welcome
- Meeting Mechanics, Confidentiality, COI Reminders
- Panel Member Update
- Chapter 14 Update and Editorial Review Process
- COVID-19 Discussion
- Subcommittee Updates
- Traumatic Brain Injury and PROMs Updates
- Editorial Change Platform
- 2021 Panel Meeting Dates
- Closing

Establishment of Quorum

Attendance will be taken to establish Panel quorum.

Panel Members

Helene Fearon, PT

Steven Feinberg, MD

David Gloss, MD

Robert Goldberg, DO

Rita Livingston, MD, MPH

Doug Martin, MD

Kano Mayer, MD

Mark Melhorn, MD

Lylas Mogk, MD

Marilyn Price, MD

Noah Raizman, MD

Michael Saffir, MD

Jan Towers, PhD

Panel Advisors

Chris Brigham, MD

Hon. Shannon Bruno Bishop, JD

Barry Gelinas, MD, DC

Abbie Hudgens, MPA

Hon. David Langham, JD

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**.



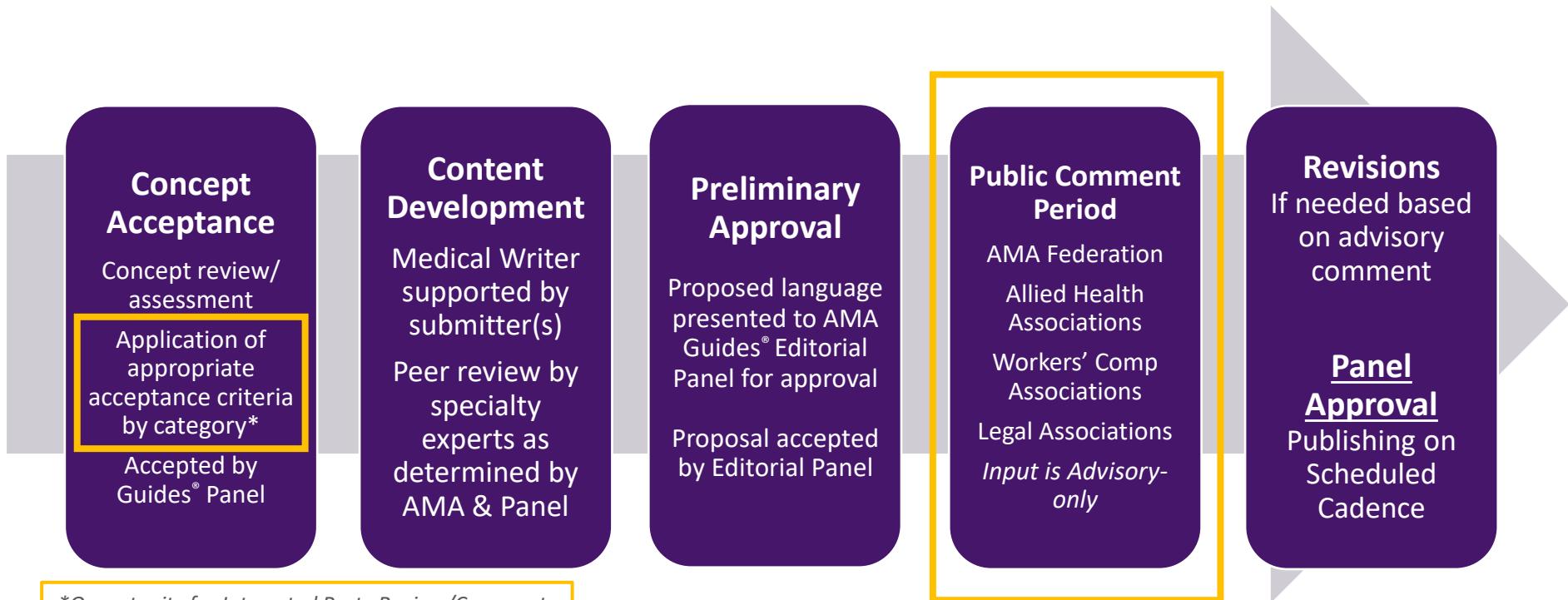
Introducing Lylas Mogk, MD

- Nominee from American Academy of Ophthalmology
- Director, Henry Ford Center for Vision Rehabilitation and Research
- Specialty in Low Vision Impairment/Function and Visual Rehabilitation
- Gained CMS recognition of vision rehabilitation as a reimbursable therapy

Chapter 14: Mental and Behavior Disorders Update

- American Psychiatric Association and American Psychological Association in process of finalizing proposal to update Chapter 14, to include:
 - DSM IV → DSM 5
 - Malingering
 - Assessment Tools
- Editorial Panel will receive application for review in early August
 - Primary Reviewer: Marilyn Price, MD
 - Secondary Reviewers: Rita Livingston, MD and Kano Mayer, MD

Editorial Review Process



Interested Party Review

- Interested parties (i.e., public) may address the Editorial Panel and the applicants of the Editorial Change Proposal with questions and comments
- Copies of the Editorial Change Proposal that describe changes to the chapter may be requested ahead of the August 20th Panel Meeting
- Proposal will be ready for review in early August
 - Confidentiality agreement and disclosure of interest forms are required to receive a copy of the proposal. Processing takes ~5 days
 - Contact guidesproposals@ama-assn.org for more information and begin the process for requesting access to the Editorial Change Proposal

Public Open Comment Period

- Upon provisional Panel approval of the proposal, a Public Open Comment Period will be held to solicit feedback from the greater medical community and stakeholders who utilize the AMA Guides®
- Advisory comments will be considered by the applicants and the Editorial Panel prior to final approval
- Comments along with the resolution will be made available on the AMA Guides® website after they are evaluated by the applicants and Panel
- If approved by the Panel, proposal will be ready for Public Comment on August 21
 - Confidentiality agreement, disclosure of interest, and comment response forms are required. Processing takes ~5 days
 - Contact guidesproposals@ama-assn.org for more information and begin the process for requesting access to the Editorial Change Proposal

Anticipated Timeline



July 18 - August 14

Interested Parties Requests
Proposals
Proposal Available in Early
August



August 20

Editorial Panel Meeting
Anticipated Preliminary
Decision



August 21 – September 16

Public Open Comment
Period*



September 17

Resolution of Comments as
Needed
Panel Final Decision to
Adopt**

**pending prior Panel approval*

***pending comment resolution*

Proposed Process Change for Panel Consideration

Individuals and organizations who wish to submit a formal public comment on the Editorial Change Proposal, must declare intent to provide comments within the first 2 weeks.

Stakeholders still have the full-time frame (~4 weeks) to submit their comments.

This change will allow the process to advance if there are no comments.

Discussion



Betty Chu, MD
Member since 1997

COVID-19 and Permanent Impairment

- Beginning to understand the long-term health effects of COVID-19 and the implications on permanent impairment
- Literature is emerging that describes potential health effects which may result in permanent impairment. Notable areas include, but are not limited to:
 - Respiratory
 - Cardiovascular
 - Neurological & Neuropsychiatric (see article)
- Frontline workers and non-COVID patients experiencing higher stress, burnout and resulting psychological issues. Anecdotal reports of private disability claims have been noted

Discussion: COVID-19, Impairment and Worker's Compensation

- Goal of the Editorial Panel is to deliver timely enhancements to the AMA Guides in order to incorporate the most current evidence-based and consensus-based medicine
- COVID-19 pandemic has generated discussions on potential changes to the AMA Guides and need for additional resources
 - For example, the Panel decided there was a need to establish a Subcommittee to evaluate the use of telemedicine as a possible method to deliver impairment ratings and independent medical evaluations
- Further exploration on other impacts to AMA Guides is needed, especially regarding **permanent impairment** resulting from COVID-19

Discussion Questions

- What changes, if any, do you anticipate will be needed to Chapters of the Guides to address impairment, resulting from COVID-19? Are there any new diagnoses that need to be included?
- Are there implications to Guides methodology and the Independent Medical Evaluation? If so, are the next steps the Panel should take to address this?
- Does anything need to be done in the short term to provide more information (e.g., Newsletter article) that addresses this topic? If not, when would it be impactful for physicians to have such guidance?

Telemedicine Subcommittee Update

- Currently there is a lack of guidance around the use of telemedicine for independent medical examinations and impairment ratings
- Evaluating the need to provide ‘floor/ceiling’ Guides-official recommendations on use of telemedicine for impairment ratings and independent medical evaluations
 - Alignment with AMA House of Delegate Policies and AMA Code of Medical Ethics
- Further discussion on legal and regulatory implications is warranted

Next Steps

- Reviewing text chapter-by-chapter and table-by-table to identify:
 - Tasks that may be performed virtually exactly as the task is described in the Guides with no modification
 - Tasks that cannot be performed virtually because such results would be unreliable
 - Tasks that may be performed virtually with modifications that are described in supplementary text
 - Need for additional language to emphasize position on telemedicine in Chapters 1 and 2

Newsletter Subcommittee Update

- AMA Guides Newsletter issues moving to the online digital product, including past issues
- Articles will be indexed by Google Scholar
 - Abstracts will be created for each article
 - Considering turning Q&A into indexable articles during transition to online since they are peer reviewed and of interest to readers
- Volume/Issues numbers and digital object identifiers (DOIs) will be assigned to improve searchability and improve citations
- Process for distinguishing content as authoritative or opinion is in progress

Authoritative and Opinion Definitions

- Currently, each article is peer reviewed by the Newsletter Editorial Board with a question to peer reviewers if the article should be considered authoritative
- If consensus, next level of review by the Subcommittee or Editorial Panel is warranted to ensure the article reflects an official position of the AMA Guides

Authoritative: Content that reflects an official interpretation, application, revision* correction or clarification of the AMA Guides

Opinion: Content that reflects opinions or suggestions of authors and are not intended to reflect official positions of the AMA Guides

**Enforce that revisions to the AMA Guides go through the Editorial Process and Panel Approval to be formally adopted into the AMA Guides*

Next Steps

- Subcommittee exploring adoption of a framework that is similar to CPT® Assistant to help to distinguish content as authoritative

Traumatic Brain Injury Update

- Notion that effects of mild TBI are only short term needs to be corrected
- Focus on updating science and references to improve interrater reliability, provide clinically relevant examples that accurately reflect true manifestations of TBI, addition of a spectrum that integrates concussive disorders and encephalopathies
- Need for the latest functional neuropsychology tools to evaluate cognitive deficiencies and function with TBI patients
- Panel members beginning to move forward with interested stakeholder groups to mobilize updates

PROMS* for the AMA Guides Functional Categories

Kathryn L Mueller, MD,MPH, FACOEM and
The American Psychological Association Team
Stephen Gillaspy; Robert Glueckauf, Daniel Bruns, Vaile Wright

*Patient Reported Outcome Measures

Initial Decisions

- Complete lumbar spine section first
 - PROMs are well-known in this area and commonly used
- For all sections we will look at general function tools and diagnosis specific tools
- Working closely with a librarian to clarify search terms and breadth of search needed – this will shorten the time needed for the future searches
- Provides an initial look at general functional tools such as SF 12 & 36, PROMIS 29 and EQ – 5
- Will also allow us to develop comparisons of tools to ICF core sets

Progress To Date

- Pilot library search completed
- Tools identified from high level evidence studies in respected treatment guidelines and clinical registries
- Tool search includes general functional tools such as SF 36 & 12 as well as spine specific tools (e.g., Oswestry)
- Characteristics for the tool identified and agreed upon by the APA group

Characteristics of the PROMs

- 1) Desired Content of Functional Measures
 - a) Two types of functional measures are needed
 - i) Measures for assessing specific conditions (e.g. low back pain, carpal tunnel or other peripheral neuropathies, shoulder and knee injuries, chronic pain etc.)
 - ii) A general transdiagnostic measure to be used as a general assessment for all patients, whatever the medical condition:
 - b) Measures of functioning should assess if the condition interferes with:
 - i) activities of daily living
 - ii) instrumental activities of daily living
 - iii) the patient's psychological functioning (e.g. depression)
 - iv) ability to work and attitude towards work

Characteristics of the PROMs (continued)

- 2) Desired / Required psychometric characteristics
 - a) Measures should be developed for the adult population – approximately 18 and above
 - i) It would be preferable to have both working age (18-65) and older-adult norms
 - b) The measures reading level should be no higher than 6th grade
 - c) It is preferable for measures to have both English and Spanish versions
 - d) Measures should be short
 - i) For a one-dimensional scale, measures with 12 questions or less are preferred. This length would make it feasible for expert IME examiners to use more than one scale.
 - ii) Alternately one longer multidimensional scale could be considered (e.g. such as the Rand/SF 36)

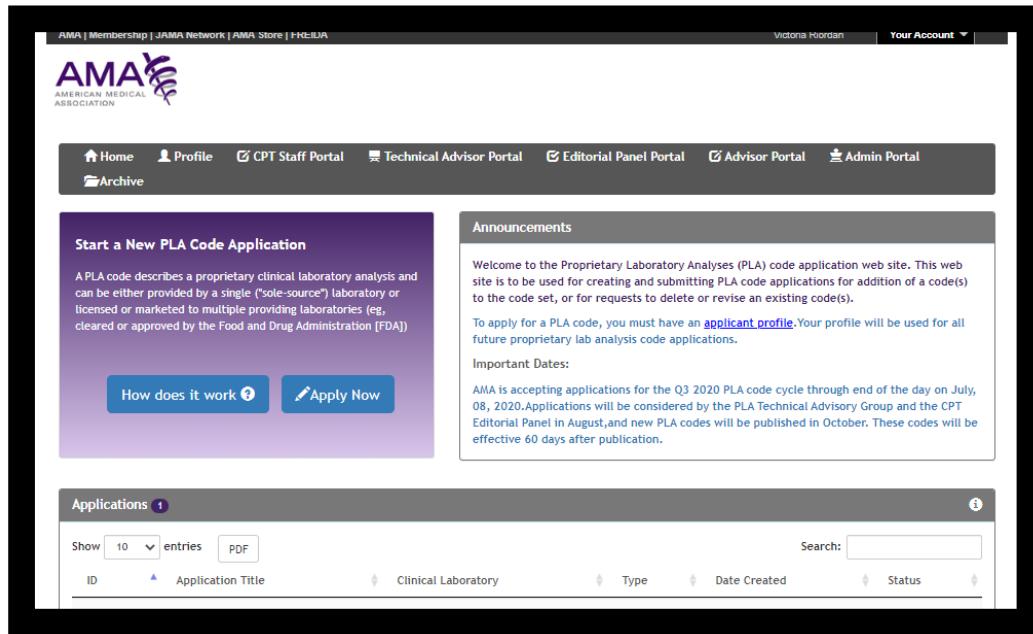
Characteristics of the PROMs (continued)

- e) The measures should have acceptable psychometrics including (as appropriate given the measure):
 - i) Internal consistency (Chronbachs Alpha)
 - ii) Test-retest stability
 - iii) Validity
 - iv) Patient and community norms
 - v) Sensitivity/specificity
 - vi) If IRT: Differential Item Functioning (e.g. Mantel-Haenszel α_{MH})
- f) The measure should not have problematic floor or ceiling effects for the intended use
- g) Measure must be used routinely in current evidence-based literature
- h) It is desirable that the measure is listed in clinical registries
- i) Measures should be valid for use with patients with chronic pain
- j) It is desirable if there is no charge for the measure's use

Remaining Issues

- Culling the articles from the search to see which add meaningful information
- Using this information to enhance the comparison tables evaluating the psychometric characteristics of the tools
- Final suggested wording to the Committee regarding best choices for tools and providing the backup documentation regarding characteristics of the tool and comparisons

Coming Soon! Editorial Change Proposal Application Digital Platform



- Centralized location for Applicants and Panel Members to submit and review information related to Editorial Change Proposals
- Release target: Winter 2020/2021

AMA Guides® Panel Meeting Calendar- 2021

January 21, 2021 (VIRTUAL)	6 PM	8 PM	July 29, 2021 (VIRTUAL)	6 PM	8 PM
February 18, 2021 (VIRTUAL)	6 PM	8 PM	August 26, 2021 (VIRTUAL)	6 PM	8 PM
March 18, 2021 (VIRTUAL)	6 PM	8 PM	September 16, 2021 (VIRTUAL)	6 PM	8 PM
April 15, 2021 (LIVE*)	8 AM	4 PM	October 14, 2021 (LIVE*)	8 AM	4 PM
May 20, 2021 (VIRTUAL)	6 PM	8 PM	November 18, 2021 (VIRTUAL)	6 PM	8 PM
June 24, 2021 (VIRTUAL)	6 PM	8 PM	December 16, 2021 (VIRTUAL)	6 PM	8 PM

**subject to feasibility in connection with any ongoing pandemic or other public health emergency*

The AMA will send out meeting invites over the next few days. A PDF version of this calendar, with dates through **December 2021**, will be shared in the meeting follow-up email.

Closing

- Next meeting will take place on **August 20, 2020 at 6:00 pm CT**
- Panel Members and Advisors will receive copies of the Editorial Change Proposal for their review in early August
- September 2020 day-time meeting will be held **Virtually**
 - Staff will follow up with more details about timing
 - Please reach out to Victoria Riordan regarding reimbursement for accommodations previously made