



AMA Guides® Editorial Panel

Virtual Public Panel Meeting
August 20, 2020 (6:00 PM – 7:00 PM CT)

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

Agenda

- Welcome
- Meeting Mechanics
- Confidentiality/COI Reminders
- Editorial Change Proposal: Mental and Behavioral Health Update
- 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

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**.

Meeting Mechanics

- Panel members and advisors may speak at any time throughout the duration of the event.
- 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.
 - The operator will temporarily unmute your line to allow you to speak.
 - Oral disclosure of interests that are directly related to the application is required before addressing the Panel.
 - Public may ask questions and make concise comments about the editorial change proposal when solicited. If needed, a two-minute limitation may be enforced.

Meeting Mechanics: Public Meeting

- Presenters will provide an overview of the proposal.
- Primary and secondary reviewers will be called upon first to lead discussion and recommendations.
- Editorial panel members and advisors are encouraged to contribute to discussion.
 - Oral disclosures are not required of panel members and advisors during the meeting but might be helpful when expressing a strong opinion.
- Public participants are also invited to participate towards the end of discussion and are asked to disclose any conflicts of interest.
- Executive Session (Panel Members and Advisors only) will resume after the break around 7:15pm CT

Panel Actions

Action	Description	Outcome
Approve	Proposed change is approved; Panel recommends AMA action to implement ECP.	Applicant(s) notified of Panel's decision, after AMA staff has determined early next steps toward deployment or implementation.
Reject	Proposed change is not accepted; ECP might be out of scope, lacking evidence, premature, or not suitable for AMA Guides.	Applicant(s) notified and provided rationale for the decision (i.e., application criteria not met).
Revise	Revisions are requested in effort to make ECP more acceptable; application will be reconsidered at later Panel meeting following revisions.	Applicant(s) notified regarding decision, summary of suggested revisions, and provided rationale for the decision.
Table	Decision is postponed or suspended until further notice.	Applicant(s) notified and provided rationale for the decision.

Chapter 14 Revisions

LES KERTAY, PHD

GLENN MARTIN, MD



Bios

Les Kertay, PhD

Dr. Kertay is a clinical psychologist in private practice of consulting psychology in Tennessee. He is also employed full-time as a Medical Director for Cigna Group Insurance, has worked in disability medicine since 2001, and has been active in writing and teaching in the field. He was lead editor for the AMA Guides to Navigating Disability Benefit Systems, a chapter contributor to several of the AMA Guides books, and is currently Vice President/President Elect of IAIME. In the current proposal he represents the Practice Directorate of the American Psychological Association.

Glenn Martin, MD

Dr. Martin is a practicing psychiatrist in Forest Hills, NY. He is a former Speaker of the Assembly of the American Psychiatric Association and is currently a member of the Board of Trustees. He was a member of the Summit Group for the DSM 5 in 2013 and since then has served on the DSM 5 steering Committee. Dr. Martin is also Associate Professor of Psychiatry at the Icahn School of Medicine at Mount Sinai where he serves as the Senior Associate Dean for Human Subjects Protection.

Action Requested

To update the chapter on Mental and Behavioral Disorders. Proposed updates to this Chapter include:

- Change from DSM IV to DSM 5 terminology and methodology (*with exception to the Global Assessment of Functioning (GAF)*)
- Descriptions of Malingering and Motivation
- Newer editions of Assessment Tools and Tests, covered in Table 14-3
- Removal of summaries of psychiatric diagnoses and conditions from the Glossary

Recommended changes

- Initial changes
 - Update outdated terminology, language, and references
 - Minimize controversy to allow for expedited updating
 - Minimize changes to current impairment ratings
- Changes recommended in the current proposal
 - Update from DSM-IV to DSM-5
 - Update references related to psychological and neuropsychological testing
- Rationale
 - DSM-5 was adopted in 2013
 - Many of the psychological and neuropsychological tests have undergone revisions
 - Knowledge base related to assessment of mental health functioning and performance validity has advanced

Should the GAF be removed?

DSM-5 discontinued the multiaxial method, and the global assessment of functioning (GAF) scale specifically

The GAF scale has poor interrater reliability

The GAF scale conflates symptom severity and dysfunction in one scale, which contributes to questionable construct validity

Implications of removing the GAF

Removing the GAF scale necessitates changing the rating methodology

- The current methodology calls for creating ratings on 3 methods, and using tables to convert the middle score to an impairment rating
- Removing the GAF scale score without replacing it would require changing the method either by replacing it, or by creating a new method using only 2 scales
 - Using two scales risks over- or under-stating the impairment
 - Using two scales would have unknown effects on the impairment rating, and testing the outcomes means a delay in updating information that is clearly outdated and outmoded
- Replacing the GAF scale score with a replacement requires adapting a new scale to the same method
 - For example, replacing the GAF with the WHODAS 2.0, as suggested by DSM-5, would require development of a new table, since the WHODAS does not map directly onto the GAF
 - Regardless of which scale is substituted, the corresponding table would have to be developed and tested, with unknown impacts on the impairment ratings
 - The need for testing in this instance again delays updating clearly outdated language and methodology
 - Replacing the GAF with another scale presumes that we accept the current method

Should the method be changed?

The current method adapting scales for purposes for which they were not intended

The current method involves using scales with questionable reliability and validity for rating impairment

Research connecting the current method to real-world functional incapacity is limited/absent

In short, we believe the answer is “yes”

- Replacing the GAF with another scale does not change the underlying methodological issues
- Replacing the GAF without changing the underlying method will have unknown consequences for impairment ratings
- Ultimately, replacing the GAF with another scale at this point means a second update to the method

Options for the editorial panel

1. Adopt our recommended edits, as is or with modifications, allowing for updates to clearly outdated sources without changing the method at this time but with the intent to update the method in a second revision
2. Delay our recommended edits until a replacement for the GAF, or a replacement method, can be developed
3. Reject making changes at this time altogether

Our Recommendation

Option 1: adopt the recommended editorial changes, with or without modifications, with the express intent to explore developing and validating a new method

Rationale

- Rapid and relatively non-controversial change to Chapter 14 to bring it current, while leaving the current methodology and experience with impairment ratings intact
- Acknowledges that methodology can be improved, and stating an intent to do so
- Meets the criterion for rapid updating in an electronic environment
- Allows time for developing a new method without keeping clearly outdated references
- Creates the possibility for the AMA to support the development of a powerful new method for meaningfully rating impairment due to mental health conditions

Caveats

- Potential controversy with an explicit statement that the method is under further evaluation, inviting legal challenges
- Creating a new method will take time and significant investment of resources

Final note: We would like to lead the investigation for a new methodology

Closing and Next Steps

- Thank you to today's presenters. This now concludes the public meeting.
- After the break, Executive Session will resume for discussion and vote on the Editorial Change Proposals.
 - **Staff will send new Executive Session meeting invitation and instructions for voting.**
 - If the Panel approves the Proposal, an Open Comment Period will begin on 8/21 and last thru 9/25. Individuals and organizations must declare their intent to submit comments by 9/11.