



AMA Guides® Editorial Panel

Virtual Panel Meeting – Executive Session
Wednesday, October 21st, 2020

The meeting will begin shortly. Participants will be placed in the waiting room until the meeting begins at 6:00 pm CT

Topics

- Welcome
- Meeting Mechanics, Confidentiality, COI Reminders
- Mental and Behavioral Health Update
- New Panel Policy
- PROMS & the 6th Edition
- AMA Guides Myths and Facts Presentation and Discussion
- 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.

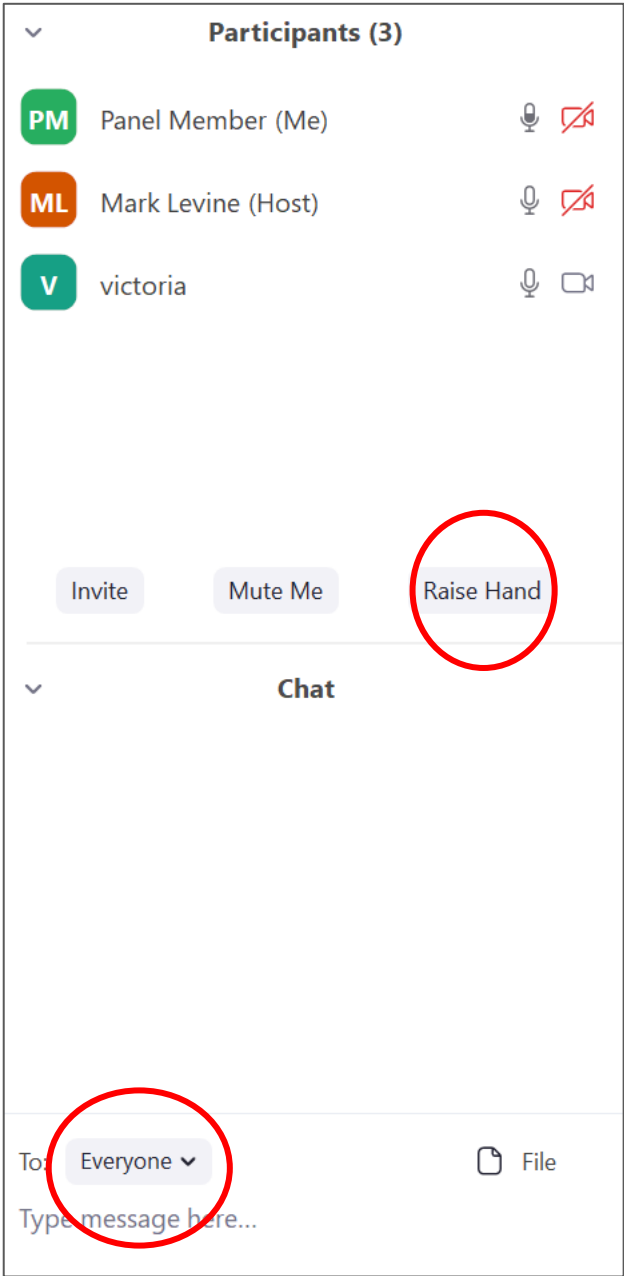
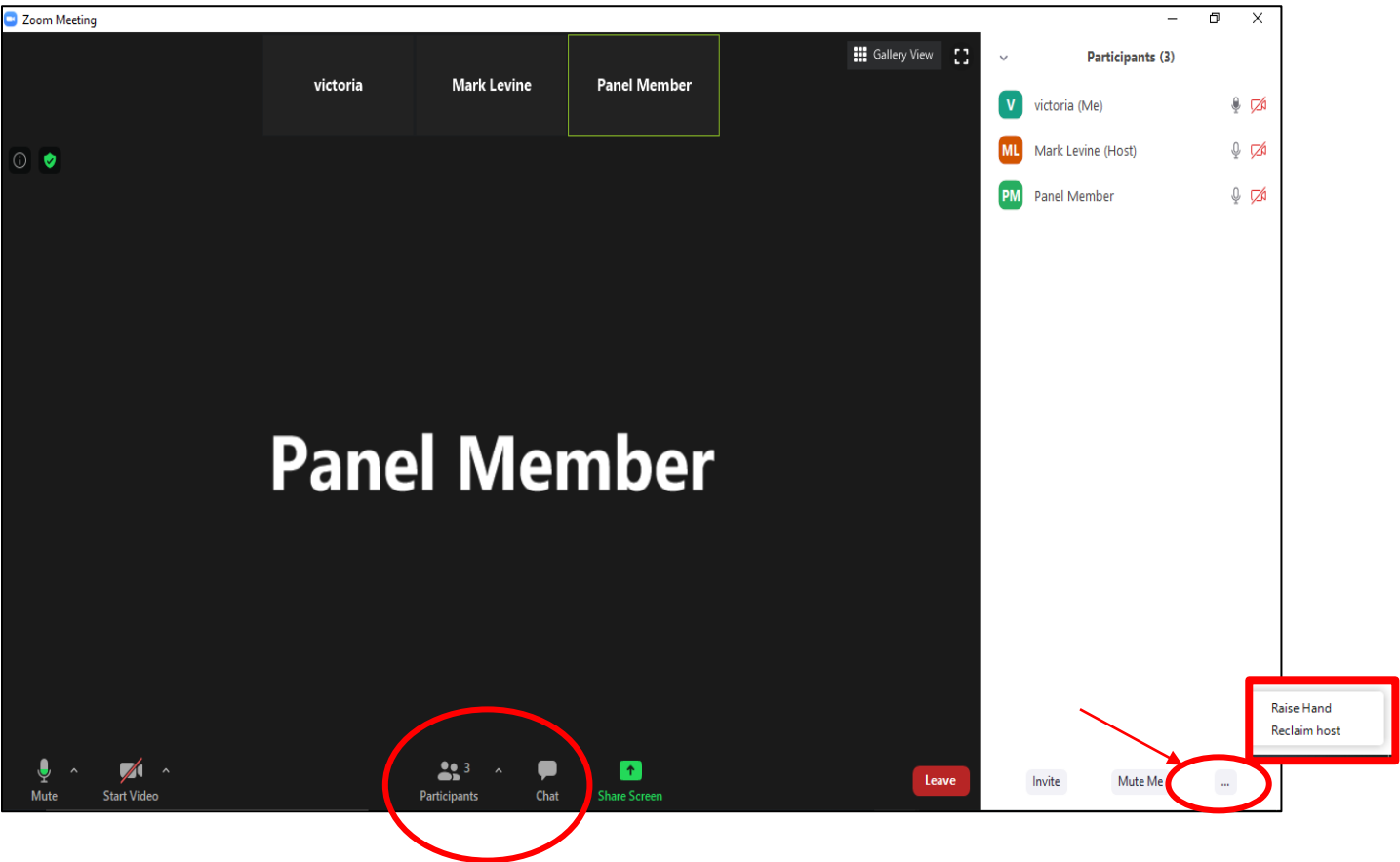
Safe.

- 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

- Webcams are optional but may be used if Panel Members and Advisors wish to do so
- 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 open line participants but have been auto-muted to prevent background noise.
- Hand raise or chat feature encouraged to indicate desire to speak. **Please unmute yourself prior to speaking.**

Zoom Features – Chat and Raise Hand



Mental and Behavioral Health Update

No Public Comments Received; Advance to Copyediting

ID	Affiliated Organization(s)	Applicant Name(s)	Action Requested	Editorial Panel Action
3a	American Psychiatric Association American Psychological Association	Glenn Martin, MD Les Kertay, PhD	To update the chapter on Mental and Behavioral Disorders. Proposed updates to this Chapter include: <ul style="list-style-type: none"> • 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 	Approve
3b			To update the chapter on Mental and Behavioral Disorders. Proposed updates to this Chapter include: <ul style="list-style-type: none"> • Change from DSM IV to DSM 5 terminology and methodology (with exception to the Global Assessment of Functioning (GAF)) 	Revise <u>Panel recommended action/revision:</u> <u>Approve DSM 5 update but eliminate the GAF and average the other PIRS and BPRS Scales with the understanding that a larger review and recommendation for the replacement of the GAF and chapter methodology would be forthcoming.</u>

AMA Guides Panel Operating Procedures- New Policy

- Guidance for Panel members who wish to participate in the development of an editorial change proposal is needed
- The following policy is proposed to be adopted as part of the AMA Guides Panel Operating Procedures

Policy and Procedure for AMA Guides Editorial Panel Members

Section 17 - *Participation in an Editorial Change Application to the AMA Guides*

The following policy outlines the procedures when AMA Guides Editorial Panel members author or participate in the development of an *AMA Guides* Editorial Change Application.

- Applicants and co-applicants of an Editorial Change Proposal to the *AMA Guides* are ineligible to vote on that Proposal.
- Editorial Panel members assess conflicts of interest to determine if self-recusal from voting is necessary. At their discretion, Panel Co-Chairs may preclude a member from voting if they believe a potential conflict of interest is not cured by its disclosure.
- Editorial Panel Co-Chairs may appoint an external ad-hoc expert to perform an independent review of the Editorial Change Proposal. Such an expert would provide insights and recommendation to the Panel for their consideration. Ad-hoc experts are not members of the AMA Guides Editorial Panel and therefore are precluded from voting.

PROMS & the 6th Edition

Kathryn Mueller, MD, MPH, FACOEM

Stephen Gillaspay, PhD

Daniel Bruns, PsyD, FAPA

Kathryn L Mueller, MD, MPH, FACOEM

- Professor, University of Colorado, School of Public Health and School of Medicine – Department of Physical Medicine and Rehabilitation
- Prior Medical Director, Colorado Division of Workers Compensation – Currently a consultant
- Past President American College of Occupational Medicine
- Serves on Academic and International Advisory Boards for MedRisk and Workers Compensation Research Institute
- No relevant disclosures





Stephen R. Gillaspy, PhD

- Senior Director, Health Care Financing and the Center for Psychology & Health, American Psychological Association
- Licensed clinical psychologist, clinical scientist and senior administrator with extensive experience integrating psychological services into larger healthcare systems.
- Serves as the APA advisor to the American Medical Association's Relative Value Update Committee (RUC).
- Former professor and director of pediatric psychology in the department of pediatrics at the University of Oklahoma, College of Medicine
- Former President of the Oklahoma Psychological Association (OPA) in 2013 and chaired OPA's Division for Research, Academics, and Training from 2009 to 2011.
- No relevant disclosure

Daniel Bruns, PsyD FAPA

- **American Psychological Association**
 - Executive Board of Society For Health Psychology
 - Member of Interdivisional Healthcare Committee (IHC)
- **American College of Occupational and Environmental Medicine**
 - Current chair of mental health treatment guidelines
- **State of Colorado**
 - Past chair of chronic pain treatment guidelines
 - Senior clinical instructor at University of Colorado Medical School
- **Principle investigator in 15-year longitudinal study of 29 million patients assessing the impact of biopsychosocial treatment guidelines**
- **Standardized psychometric test development**
 - 33 years experience
- **Independent Pain Psychology Group Practice**
- **Disclosure**
 - Co-author of two standardized psychological tests designed for the assessment of patient risk for poor response to medical treatment



Nominating fPROMs for Potential Use In the Guides

**Methods of identifying measures for
further review**

Clinical registries available for the related diagnoses

```
graph TD; A[Clinical registries available for the related diagnoses] --> B[fPROMS used as primary outcome measures in high quality studies on related diagnoses]; B --> C[The fPROMS identified from these searches were then used for a librarian lead search to locate articles discussing the pros and cons of the various PROMs];
```

fPROMS used as primary outcome measures in high quality studies on related diagnoses

These were identified from a number of guidelines and recommendation sources and reviewing the highest quality studies only, to find PROMs outcome measures.

The fPROMS identified from these searches were then used for a librarian lead search to locate articles discussing the pros and cons of the various PROMs

Searches to
ID currently
used
PROMs

Criteria for Inclusion in Further Review

AMA Guides

- Defensibility
- Practicality

General standards for psychometric measures

- Validity
- Reliability
- Norms
- Fairness

Defensibility: What is the evidence?

Table 1: AMA Guides & Forensic Defensibility Standards (pp 27-29)

Judicial Standard for Admissibility of Evidence	Description of Standard
Frye Rule (most State Courts)	Theory or technique is “generally accepted” by the relevant scientific community Test selection method: <u>Selecting tests for Guides based on what is commonly used in RCTs or listed in clinical registries</u>
Daubert Rule/ Rule 702 (Expert Testimony) Rule 702 as modified by Daubert vs Merrell Dow Pharmaceuticals decision (Federal Courts)	Theory or technique is relevant to the case, testable, supported by scientific evidence, and is reliable with a known error rate (even if it is not widely accepted or used in the field) Test selection method: <u>Selecting tests for Guides based on scientific reviews of the measures themselves</u> <ul style="list-style-type: none">• (e.g. Chiarotto 2018a, Chiarotto 2018b, Cappelleri 2014, using scientific methods such as Item Response Theory, Classic Test Theory, COSMIN)

Practicality: Is this measure doable in the clinical setting?

Table 2: AMA Guides Practicality Standards (p 486)

Time	
Task	Maximum Allowable Time
“Clerk”: Administration	≤ 5 minutes
“Clerk”: Scoring	≤ 2 minutes
MD: Interpretation	≤ 2 minutes
MD: Reporting Results	≤ 2 minutes
Cost	
Materials should be free or nearly so	

General psychometric standards

Validity

- Does the questionnaire measure what it is supposed to measure?

Reliability

- Does the questionnaire produce consistent results?

Norms

- Is there a norm group to which you compare the patient's score?

Fairness

- Is the measure free of bias against any demographic group?

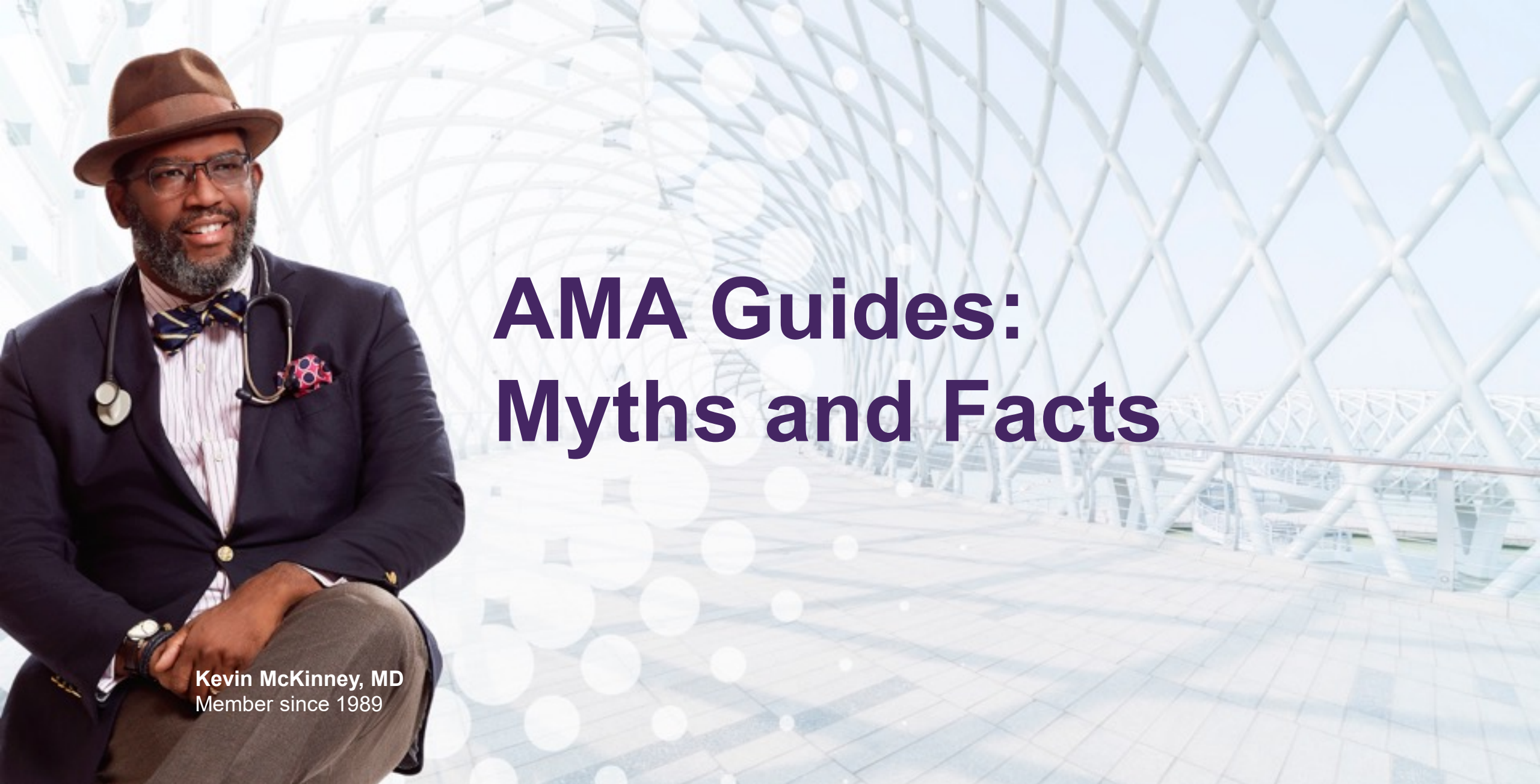
Candidate Measures Will Be Excluded If They Fail One or More of These Criteria

- **Examples of potential exclusionary findings**
- PROMIS, SF36 & other measures require software to calculate scores
 - PROMIS software costs \$500.00 a year to license
 - One of 10 steps required to calculate an SF36 composite score:

$$\text{AggPhys} = (\text{PFZ} * .42402) + (\text{RPZ} * .35119) + (\text{BPZ} * .31754) + (\text{GHZ} * .24954) + (\text{VTZ} * .02877) + (\text{SFZ} * -.00753) + (\text{REZ} * -.19206) + (\text{MHZ} * -.22069)$$

Current Challenges to Address

- **Clarifying the AMA Guides definition of “function”**
 - **Unidimensional/biological:** ADLs and physical functioning
 - “Does your health now limit you in vigorous activities?”
 - **Multidimensional:** Physical/psychological/social functioning
 - “Does your health now limit you in vigorous activities?”
 - “Have you felt downhearted?”
 - “Has your health interfered with your social activities?”
 - NOTE: Multidimensional measures weight these dimensions differently



AMA Guides: Myths and Facts

Kevin McKinney, MD
Member since 1989

Background

- Educational resource about the new AMA Guides Editorial Panel and Editorial Process
- Public facing and intended to provide clarification to some common misconceptions about the AMA Guides and new editorial process
- Myths and facts will evolve or change as the process evolves
- Feedback and discussion welcomed and encouraged

Panel Mission

The Editorial Panel serves patients, physicians, government entities and related stakeholders by incorporating the best available information, science, evidence-based medicine, and tools within the *AMA Guides® to the Evaluation of Permanent Impairment* in order to enable fair and consistent evaluations.

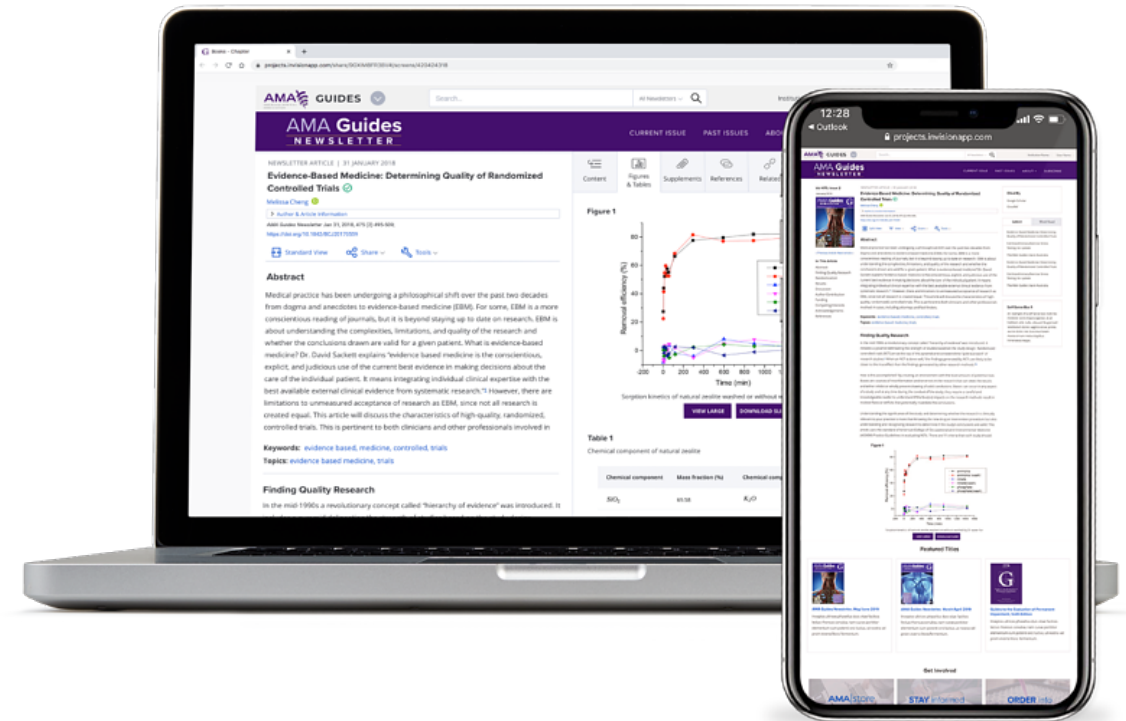
Reminder of Editorial Panel Mission and Scope

Deliver timely enhancements to the AMA Guides to incorporate the most current evidence-based and consensus-based medicine.

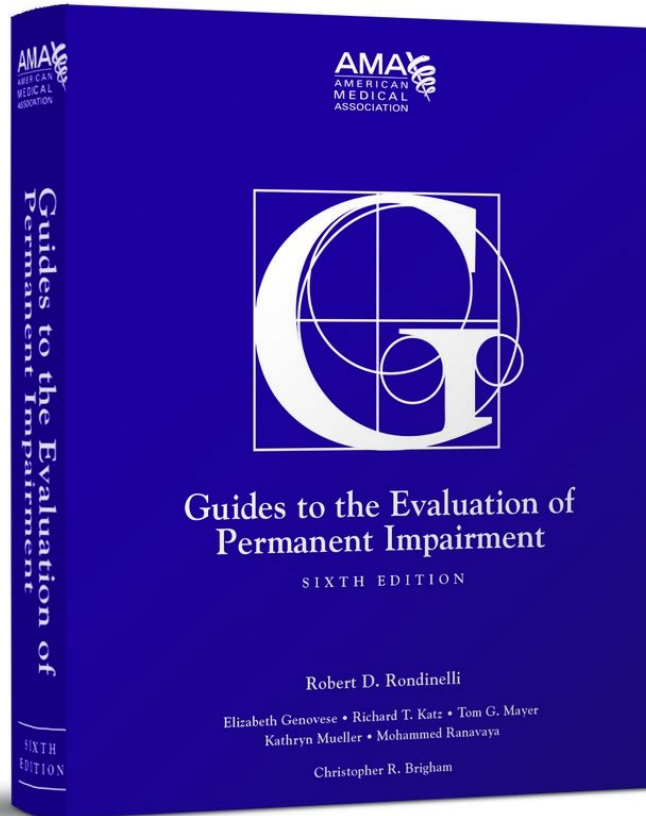
- Rapid incorporation of new medical advances
- Utilize the most current protocols to provide fair and consistent evaluations
- Focus editorial priorities on areas where additional guidance is most needed
- Publish content on a consistent cadence that recognizes state regulatory considerations, not to exceed annual updates

Establishing a Consistent Nomenclature

- **AMA Guides Digital:** Refers to the overall concept of AMA Guides online.
- **AMA Guides 6th:** This reflects the content of the 6th Edition. The AMA Guides 6th Edition, will be the first content set offered via AMA Guides Digital.
- **AMA Guides 6th 2021:** This reflects the content of the 6th Edition with Panel-approved content updates. Content will be updated annually, offered via AMA Guides Digital.



Myth: Panel-Approved Content Updates Impact All Editions of the AMA Guides



- Start with the latest evidence and science, available in the most recent edition (6th), to evolve medicine and practice
- AMA Guides 6th Edition is the basis for all changes effective in AMA Guides 6th 2021
- Previous editions (3rd, 4th, 5th) will **not** be impacted by content updates approved by the Editorial Panel

Myth: There will be a 7th Edition of the AMA Guides

- Paradigm shift from the notion of editions when referring to the AMA Guides and focus on using the latest evidence and science in the most recent edition, as delivered in annual content updates.
- Transition to a digital format will allow for more seamless and consistent (annual) content updates, greater accessibility, and improved education.
- The most current medicine should be adopt-able and cite-able. This approach (i.e., AMA Guides 6th 2021) provides a solid footing that physicians, legislators, and attorneys can cite and reference as needed.

Myth: The AMA Guides are being developed in a vacuum and the editorial process is private

- The AMA in tandem with the broader stakeholder community will develop resources that reflect advances in medicine and address the challenges states and jurisdictions face in appropriately evaluating permanent impairment, a critical input to the determination of benefits in workers compensation and personal injury settlements. It is recognized that compensation is not medicine and compensatory decisions must reside elsewhere.
- AMA Guides are refined using an open editorial process that invites broad input from the health care community and beyond. This stakeholder-driven process is publicly overseen by the Editorial Panel.
- Individuals and organizations are encouraged to submit editorial change proposals to update the AMA Guides and participate in Public Meetings and Comment Periods to have their voices heard on the latest changes to the AMA Guides.
- The Editorial Panel reviews and approves timely enhancements to the AMA Guides reflecting current evidence-based medicine.
- The open editorial process will draw on the AMA's unique convening capability to gain insights from the entire health care community.

Myth: The AMA Guides will be updated whenever someone introduces or proposes a new impairment rating

- The AMA Guides will be updated once a year to reflect advancements in medicine.
- Any updates to the AMA Guides will occur only after careful consideration by the AMA Guides Editorial Panel.
- We simultaneously recognize the need for stability and consistency in state workers compensation systems as well as physician practices. In light of these complementary needs, AMA Guides will be updated on an annual basis, and any updates will be immediately communicated.
- The AMA will provide the most current medicine and states must adopt processes that are pragmatic.

Myth: Panel expertise isn't diverse; Panel members have conflicts

- Nominations solicited from over 200 organizations throughout the medical community to ensure broad medical expertise necessary to reflect the scope of the AMA Guides and the diverse communities served.
- Expertise includes neurology, nursing, occupational medicine, ophthalmology, orthopedics, pain medicine, physical medicine/rehabilitation, physical therapy, preventive medicine and psychiatry.
- AMA Guides make an impact beyond medicine. Advisors were selected from the broader stakeholder community, including regulators and adjudicators, to ensure the best medical guidance can be pragmatically adopted.
- While serving on the AMA Guides Editorial Panel, individuals act independently, as opposed to advocating for their specialty or organization.
- Each member of the panel is required to disclose conflicts of interest in writing as part of the selection process, and in person at meetings if they are relevant to the topic at hand.

Myth: The Editorial Panel will conclude when the AMA Guides are completed



Editorial process is ongoing, and updates will be made as new science and evidence emerges



Three-year staggered terms

Myth: AMA Guides Digital and Content Updates are Disruptive



AMA Guides Digital leverages advances in technology and was created based on extensive stakeholder feedback



The AMA Guides Editorial Panel is a key element of a broader initiative to modernize the AMA Guides



Online publishing enables annual content updates that reflect the most current panel decisions



A digital platform will reduce physician burden by allowing easy access to content and education as well as improved portability



Ease of digital access and consistent annual updates will improve the quality and consistency of evaluations



A digital solution will support a reasonable transition for stakeholders to the most up to date science



Questions & Discussion

Neelum Aggarwal, MD
Member since 2013

Closing

- Next meeting will take place virtually on **November 12, 2020 at 6:00pm CT**



Physicians' powerful ally in patient care