Please Mute Your Computer to Prevent Background Noise

Participants will be placed in the waiting room until the meeting begins at 9:30am CT
Schedule

• Public Meeting
  • 9:30am – 12:00pm CT

• Lunch Break
  • 12:00pm – 1:00pm CT

• Executive Session (*Closed to the Public*)
  • 1:00pm – 3:00 pm CT
Agenda

• PROMIS Update
• The Nervous System
• Errata
• Spine Update
• AMA Guides Sixth 2023
• Public Meeting Closing
Attendance

Panel Members

Steven Feinberg, MD  
David Gloss, MD  
Robert Goldberg, DO  
Rita Livingston, MD, MPH  
 Doug Martin, MD

Idalia Massa-Carroll, PhD  
Kano Mayer, MD  
Mark Melhorn, MD  
Gayla Poling, PhD  
 Marilyn Price, MD

Noah Raizman, MD  
Michael Saffir, MD  
Robert Sataloff, MD

Panel Advisors

Chris Brigham, MD  
Hon. Shannon Bruno Bishop, JD  
Barry Gelinas, MD, DC

Abbie Hudgens, MPA  
Hon. David Langham, JD  
Les Kertay, PhD
Welcome Special Guests!

- Lori Prestesater
  - Senior Vice President, AMA Health Solutions

- Jay Ahlman
  - Vice President- Coding and Reimbursement, AMA Health Solutions

- Sue Wilson
  - Vice President- Sales and Marketing, AMA Health Solutions
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.

- 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

• This meeting is being recorded.
• 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. Staff may mute you if there is too much background noise.
• Hand raise or chat feature encouraged to indicate desire to speak. Please unmute yourself prior to speaking.
PROMIS Discussion Recap (April 2022)

• Adopted the PROMIS as the strongest science across a population
• Based on the Panel’s recommendations, the AMA will consider how to approach licensing the tool for use in the Guides
• Today’s update will inform you on this plan based on conversations with HealthMeasures
Update on fPROM Review for Guides 6th Edition

Recommendations for patient-reported outcome measures of function

Stephen Gillaspy, PhD
Kathryn Mueller, MD, MPH, FACOEM

Robert Glueckauf, PhD
Daniel Bruns, PsyD, FAPA
Objectives

• Debrief Panel on plan to incorporate PROMIS into the AMA Guides (based on conversations with HealthMeasures) and determine if that is still a suitable use of the measures

• Receive guidance regarding placement of text within the AMA Guides
We Suggested Two Closely-Related Plans For Assessing Function in the Guides

• Plan A: The Physical Health Summary Score
  – Derived from PROMIS 29
  – Complicated scoring

• Plan B: Physical Functioning and Social Functioning
Plan A: PHSS Calculated From Four PROMIS 29 Scales

- **PROS**
  - We judged PHSS to be the best single overall measure of function

- **CONS**
  - Pain and fatigue are subjective feelings
  - Must be computer scored and thus significant software problems to solve

These two scales account for about 90% of PHSS variance
Plan B: Physical vs Social Functioning

- **CONS**
  - Two scores not one (less parsimonious)

- **PROS**
  - These 2 scales account for 90% of PHSS
  - Supported by stronger science
  - Administered and scored via paper/pencil or computer
  - Already on Epic and other platforms
  - Allows for CAT
  - Closer to ICF concepts

Two different types of problems with functioning.
Use the score that indicates the greatest impairment
Conclusions From Meetings With PROMIS

- Plan B science is better
- Plan B is easier to implement, and offers more administration options
  - Paper/pencil, computer, CAT
- PROMIS endorses Plan B, and will support by creating a dedicated webpage to assist Guides examiners
- PROMIS only licenses PHSS for research, not clinical use, so Plan A not available for Guides
One Validity Research Study on Plan B Scales Included Patients With These Conditions (N=21,133). Plus More Studies Since

- Pain
- Arthritis
- Spinal Cord Injury
- Depression
- Anxiety
- Alcohol Abuse
- Drug Abuse
- Sleep Disorder
- Diabetes
- COPD
- Asthma
- Liver Disease
- Kidney Disease
- Cancer
- HIV
- Hypertension
- Angina
- Heart Disease
- Heart Attack
- Heart Failure
- Stroke
- Epilepsy
- Multiple Sclerosis
- Parkinson's
- ALS
- Diabetes
- COPD
- Asthma
- Liver Disease
- Kidney Disease
- Cancer
- HIV
- Hypertension
- Angina
- Heart Disease
- Heart Attack
- Heart Failure
- Stroke
- Epilepsy
- Multiple Sclerosis
- Parkinson's
- ALS

AND “Normal” persons in the community

These two instruments have evidence of broad validity across many Dx
Questions for the Panel

• Does the panel have any questions or concerns about the plan than we arrived at by consulting with PROMIS?

• We propose developing a general appendix that would allow any Guides chapter to use these PROMIS measures to assess function
  – We would begin by proposing that the musculoskeletal chapters use this appendix to assess function
  – We would also propose that as other chapters are revised, they could adopt this method as well if it was judged to be appropriate

• Is this acceptable or should the method of functional assessment be determined one chapter at a time?
The Nervous System
Proposal Timeline

April 2021
• Presentation of mTBI revision to Chapter 13

Summer 2021
• Proposed revision of MSCHIF and need for GAF removal elucidated need for entire chapter revision

April 2022
• Presentation of revised chapter to the Panel; motion to revise with attention to a few specific topics

Summer 2022
• Presentation of Manuscript to Panel; preliminary approval to advance to comment period
• Public Comment Period

October 2022
• Resolution of Comments and Finalization of Manuscript
Public Comment Period Update

• **Dates:** September 2 – October 7, 2022
• Proposal Received Unanimous Support (with Suggestions)

<table>
<thead>
<tr>
<th></th>
<th>Requests</th>
<th>Comments Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Individuals</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>8</td>
</tr>
</tbody>
</table>

**Comments Received From:** AAPM&R ● Speech Language Pathology ● TN Bureau of Workers' Compensation ● American Epilepsy Society ● American Chiropractic Association ● Academy of Orthopaedic Physical Therapy ● American Speech–Language–Hearing Association ● Kathryn Mueller, MD
The Nervous System
AMA Guides Digital Responses

Diana Kraemer, MD
James Underhill, PsyD
The Nervous System
AMA Guides Digital Responses

Axioms of the Guides
• Impairment Based on ADLs
• Diagnosis-Based Impairment
• Inter-rater Reliability
• Simplicity and Ease of Use
• Conceptual and methodological congruity between organ systems

References
• WHO: World Health Organization
• ICF: International Classification of Functioning, Health and Disease
• ICD: International Classification of Diseases (ICD-10 and ICD-11
• DSM-5
# The Nervous System

**AMA Guides Digital Responses**

<table>
<thead>
<tr>
<th>Public Comment</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>Contained in Chapter 1 and the Glossary</td>
</tr>
<tr>
<td>Imaging</td>
<td>The choice of imaging studies was considered when creating each Case Example</td>
</tr>
<tr>
<td>Consider Using Functional Independence Measure (FIM)</td>
<td>The FIM was present in the 5\textsuperscript{th} edition, but not in the 6\textsuperscript{th}. To maintain consistency, it was not used in the current version</td>
</tr>
<tr>
<td>Disorders of Consciousness</td>
<td>Derived from the ICD to maintain synthesis between medical records and examiners for increased inter-rater reliability.</td>
</tr>
</tbody>
</table>
## Guides Digital Responses

<table>
<thead>
<tr>
<th>Public Comment</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Overall, without disagreement</td>
<td>Thank You</td>
</tr>
<tr>
<td>Proposed changes promote consistency, seem reasonable, and are consistent with the current evidence</td>
<td></td>
</tr>
</tbody>
</table>
# Guides Digital Responses

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| Recommend Nomenclature on epilepsy syndromes published in *Epilepsia* in June 2022 | • Nomenclature has been adopted to the extent that it is included in the ICD-11  
• References have been cited |
| Dedicated section on epilepsy and seizures is noted, case examples are better and more clearly written | Thank You |
| The grading is not easy to understand, recommend greater clarity particularly in ADLs | ADLs have been further clarified within the clinical examples |
# Guides Digital Responses

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Recommend using definitions of the US Bureau of Labor Statistics</td>
<td>We have tried to remain jurisdictionally neutral, as the Guides are used in multiple countries.</td>
</tr>
<tr>
<td></td>
<td>We have utilized the terms <em>examiner</em> or <em>evaluator</em> in the Chapter, thank you.</td>
</tr>
<tr>
<td>Recommend adding instructions to the examiner to report they method used to validate the severity of ADL loss</td>
<td>This has been done</td>
</tr>
<tr>
<td>Recommend distinguishing between subjective and objective findings</td>
<td>This has been done throughout the chapter</td>
</tr>
<tr>
<td>Public Comment</td>
<td>Response</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Recommended revision to wording in several passages</td>
<td>This has been done when appropriate, thank you</td>
</tr>
<tr>
<td>Discussed treatment options</td>
<td>Treatment would preclude MMI. As treatment advances frequently, we have, throughout the chapter, avoided commenting on treatment for most diseases</td>
</tr>
</tbody>
</table>
## Guides Digital Clarifications

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1, 7 There should be a clarification of “Adaptive Measures.” Add examples of “assistive devices”</td>
<td>We agree: We have added a section to clarify the description of Adaptive Measures. We have also added examples of adaptations and assistive devices within multiple clinical scenarios for clarification. We have referenced the ICF’s use of the term as well.</td>
</tr>
<tr>
<td>2. Clarification on instructions if a person declines treatment</td>
<td>This has been reworded to be consistent with Chapter 2, thank you</td>
</tr>
<tr>
<td>3-6 Recommendations regarding terminology</td>
<td>Thank you, clarified</td>
</tr>
<tr>
<td>Public Comment</td>
<td>Response</td>
</tr>
<tr>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td>8. Clarify Grade A in the BOTC</td>
<td>We agree: “Grade A has been further clarified with additional language in that section, and also with multiple examples with the chapter.”</td>
</tr>
<tr>
<td>9. Discussion of Grade C, (programming of devices and surgery both should count)</td>
<td>We agree, added, thank you</td>
</tr>
<tr>
<td>9. Intradural vs extradural surgery</td>
<td>We respectfully recommend that this distinction not be adopted for simplicity</td>
</tr>
<tr>
<td>10. Management of Caregivers</td>
<td>Time frames have been clarified, both in the BOTC Table and in Case Examples</td>
</tr>
<tr>
<td>What time frame?</td>
<td></td>
</tr>
<tr>
<td>11. What ADLs belong to each Class</td>
<td>Multiple examples of ADLs and iADLS have been added to the Case Examples for clarification, thank you.</td>
</tr>
<tr>
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<tr>
<td>-------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Comment: Neuropsychometric testing must include at least 2 symptom validity tests</td>
<td>This language has been added, thank you</td>
</tr>
<tr>
<td>More Explanation around International Standards for Neurological Classification of Spinal Cord Injury <em>(ASIA)</em> Worksheet</td>
<td>The Multiple Sclerosis example <em>(Inflammatory Disorders)</em> has been moved to after Trauma as the ASIA is explained in Trauma. Then, by the time the MS Transverse myelitis case is presented, the ASIA examination is in context.</td>
</tr>
<tr>
<td>Reference for demographically adjusted cognitive screening measure</td>
<td>Done, added, thank you.</td>
</tr>
<tr>
<td>Public Comment</td>
<td>Response</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Question about the diagnosis in Example 13.4x Mild Neurocognitive disorder due to TSH</td>
<td>This language has been clarified, thank you.</td>
</tr>
<tr>
<td>Sensory dysfunction criteria what about post-thalamic stroke pain</td>
<td>We recommend visiting this topic in a future revision</td>
</tr>
<tr>
<td>CRPS</td>
<td>Language from Chapter 15 has been added for consistency</td>
</tr>
<tr>
<td>Table 13-5i add “possible” after “no sexual function”</td>
<td>Done. Thank you</td>
</tr>
</tbody>
</table>
# Guides Digital Clarifications

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<tr>
<td>Discussions regarding speech and other areas which theoretically overlap in the Guides, very well written and explained</td>
<td>Thank You.</td>
</tr>
<tr>
<td>All Chapter should use the same methodology</td>
<td>We agree: all chapters should include a Key Factor, BOTC, Grade Modifiers, and refer to the functional consequences of a disease as the basis for the impairment.</td>
</tr>
<tr>
<td>Overlap between Class definition and Adaptive Measures Grade Modifiers</td>
<td>We have clarified this with a more thorough explanation of Adaptative Measures and also clarified throughout the chapter within multiple Case Examples, thank you.</td>
</tr>
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## Guides Digital Clarifications

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<td>We have clarified this with a more thorough explanation of Adaptative Measures and also clarified throughout the chapter within multiple Case Examples, thank you.</td>
</tr>
<tr>
<td>Questions regarding Class 3 and whether that required an upgrade in Class</td>
<td>We have reworded the Grade modifier in Grade C from “unable to perform” to “performs most” within Class</td>
</tr>
<tr>
<td>Include references on systematic reviews</td>
<td>We have referenced the ICF, DSM-5, ICHD, and ASIA evaluation. More may be possible in future revisions, thank you</td>
</tr>
<tr>
<td>Public Comment</td>
<td>Response</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>BOTC should be included in all chapters</td>
<td>We agree. The Nervous System touches every body system. We have been through every body system to align tables and gain synthesis between Chapters. We think this is can be accomplished in future revisions of other Chapters in the Guides</td>
</tr>
</tbody>
</table>
The Nervous System
AMA Guides Digital Responses
Comment
Resolution Grid

Anything Further to Discuss?
Errata and Corrections
Proposed Sixth Edition
Errata/Correction Summary

- TABLE 6-2
- SECTION 15-2D ELBOW
- EXAMPLES 15-2, 3, 4, 9, 11 12
- EXAMPLE 17-9
- TABLE 15-30
- TABLE 15-31
Spine Update

• The AMA wants to thank those who participated in the Public Comment period for the Spine Proposal.
• After reviewing the comments received, the AMA Guides Editorial Panel has voted for Revision of the proposal.
• We have created a Resolution Grid for this proposal with the Panel’s action on each comment received.
• You can find the link to the Comments and Panel Resolutions on AMA Guides Digital (https://ama-guides.ama-assn.org/books/pages/past_public_comment_periods)
AMA Guides Sixth 2023

Range of Motion Changes (Ch 15)

Ear Nose and Throat

Nervous System*

*Pending outcome of panel vote during closed session
Final Questions
Public Meeting Closing

• Thank you to today’s participants. This now concludes the public meeting.
• Summary of Panel Actions will be posted on the AMA Guides website.
• Next Public meeting will be a virtual meeting on Thursday, December 15\textsuperscript{th} at 6pm CT.
• Next Panel subcommittee/executive session schedule for Thursday, November 17\textsuperscript{th} at 6pm CT.
• Public meeting is adjourned. Panel members and advisors, please standby for closed session before lunch.