



AMA Guides® Editorial Panel

Public Meeting

Monday, October 17th, 2022

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.

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

- 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 Gillaspay, PhD

Kathryn Mueller, MD, MPH,
FACOEM

Robert Glueckauf, PhD

Daniel Bruns, PsyD, FAPA

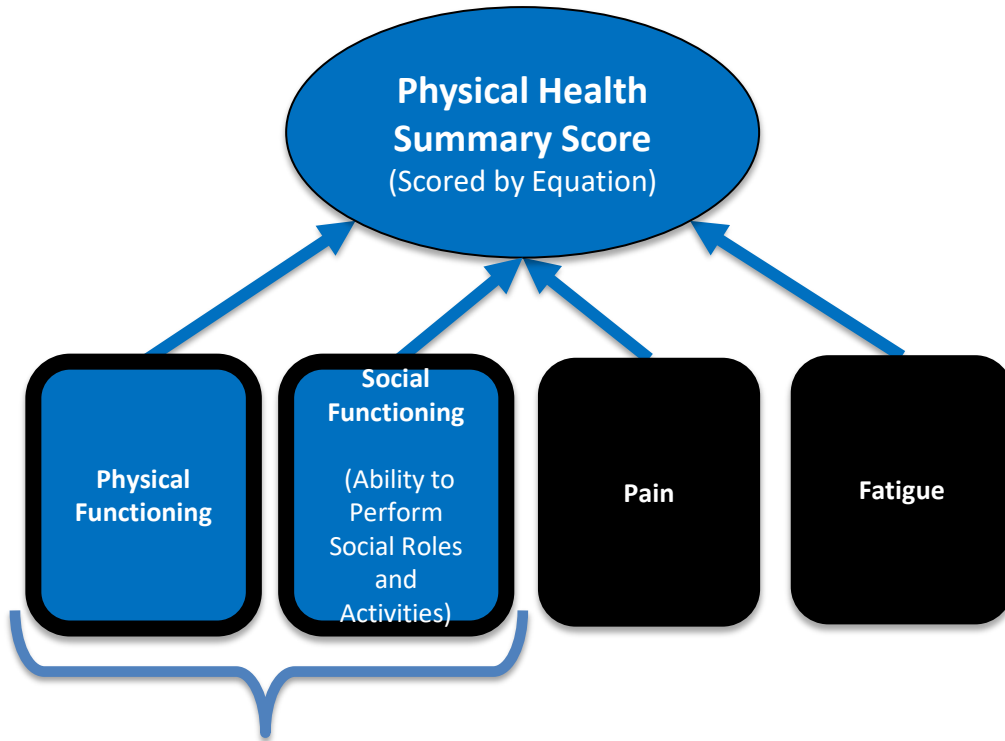
Objectives

- **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**

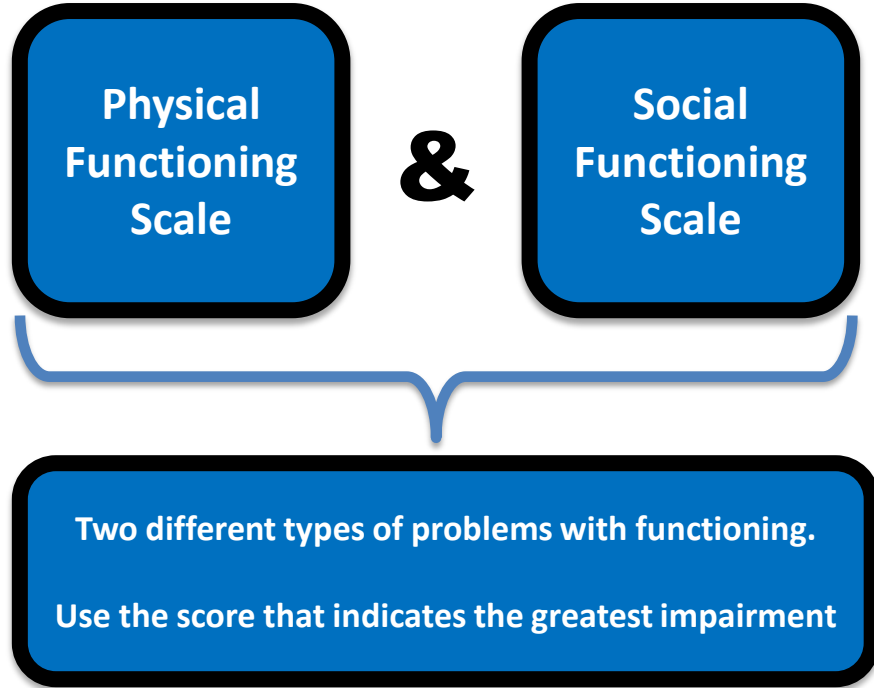
Plan A: PHSS Calculated From Four PROMIS 29 Scales



These two scales account for about 90% of PHSS variance

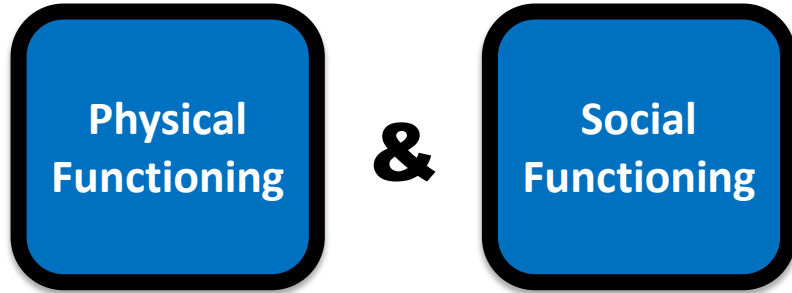
- **PROS**
 - We judged PHSS to be the best single overall measure of function
- **CONS**
 - Pain and fatigue are subjective feelings
 - Must be computer scored and thus significant software problems to solve

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

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

**AND “Normal”
persons in the
community**

These two instruments have evidence of broad validity across many Dx

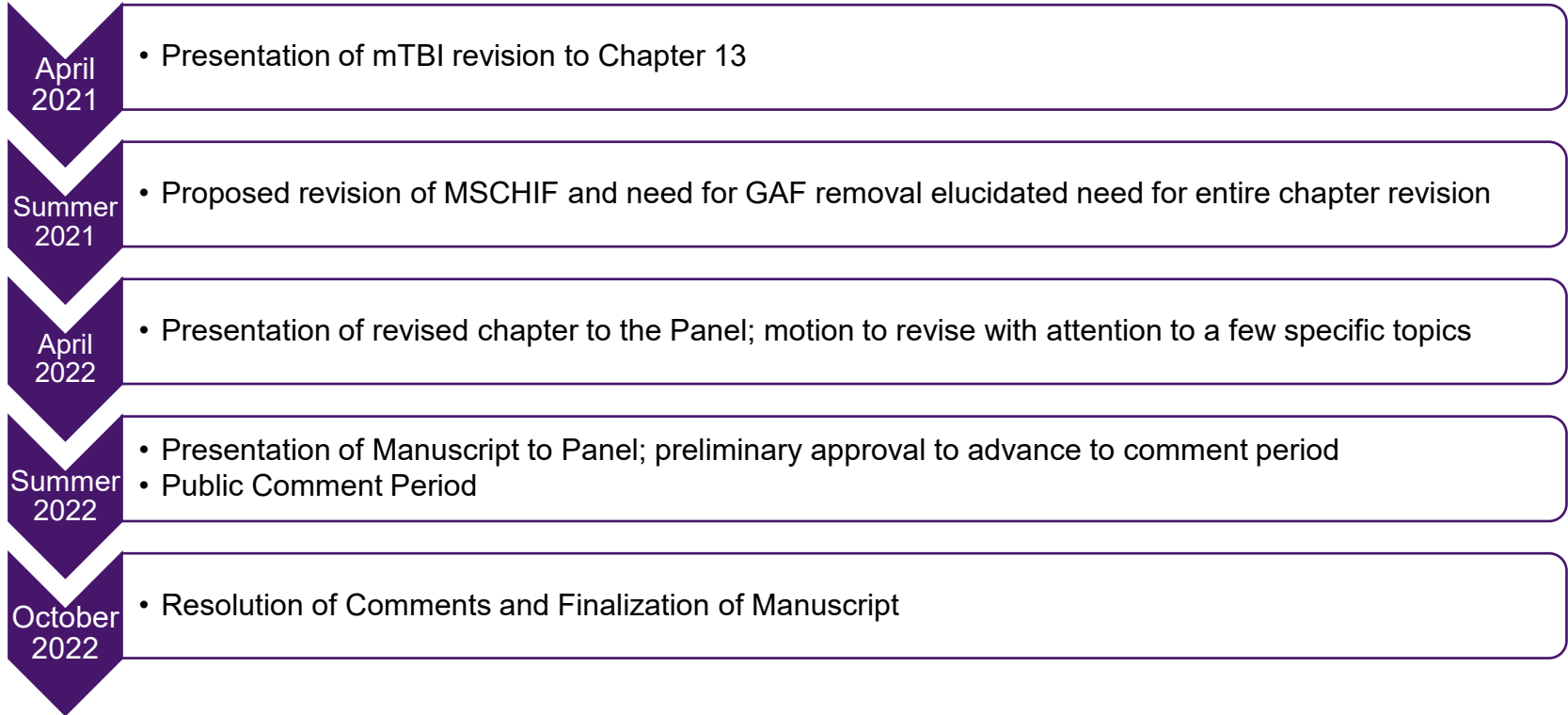
Questions for the Panel

- **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



Public Comment Period Update

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

	Requests	Comments Returned
Organizations	15	7
Individuals	10	1
Total	25	8

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

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

Guides Digital Responses

	Public Comment	Response
	Overall, without disagreement	Thank You
	Proposed changes promote consistency, seem reasonable, and are consistent with the current evidence	

Guides Digital Responses

	Public Comment	Response
	Recommend Nomenclature on epilepsy syndromes published in <i>Epilepsia</i> in June 2022	<ul style="list-style-type: none">• 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

Public Comment	Response
Recommend using definitions of the US Bureau of Labor Statistics	<p>We have tried to remain jurisdictionally neutral, as the Guides are used in multiple countries.</p> <p>We have utilized the terms <i>examiner</i> or <i>evaluator</i> in the Chapter, thank you.</p>
Recommend adding instructions to the examiner to report they method used to validate the severity of ADL loss	This has been done
Recommend distinguishing between subjective and objective findings	This has been done throughout the chapter

Guides Digital Responses

	Public Comment	Response
	Recommended changes in wording of the types of aphasia (4 primary areas) based on Worrell 2004	Added a more recent reference that uses the ICF Wallace SJ, Worrall L, Rose T, Le Dorze G. Using the International Classification of Functioning, Disability, and Health to identify outcome domains for a core outcome set for aphasia: a comparison of stakeholder perspectives. Disabil Rehabil. 2019 Mar;41(5):564-573. doi: 10.1080/09638288.2017.1400593. Epub 2017 Nov 12. PMID: 29130767.
	Recommended revision to wording in several passages	This has been done when appropriate, thank you
	Discussed treatment options	Treatment would preclude MMI. As treatment advances frequently, we have, throughout the chapter, avoided commenting on treatment for most diseases

Guides Digital Clarifications

	Public Comment	Response
1, 7	There should be a clarification of “Adaptive Measures.” Add examples of “assistive devices”	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.
2.	Clarification on instructions if a person declines treatment	This has been reworded to be consistent with Chapter 2, thank you
3-6	Recommendations regarding terminology	Thank you, clarified

Guides Digital Clarifications

	Public Comment	Response
8.	Clarify Grade A in the BOTC	We agree: “Grade A has been further clarified with additional language in that section, and also with multiple examples with the chapter.
9.	Discussion of Grade C, (programming of devices and surgery both should count)	We agree, added, thank you
9	Intradural vs extradural surgery	We respectfully recommend that this distinction not be adopted for simplicity
10	Management of Caregivers What time frame?	Time frames have been clarified, both in the BOTC Table and in Case Examples
11	What ADLs belong to each Class	Multiple examples of ADLs and iADLS have been added to the Case Examples for clarification, thank you.

Guides Digital Clarifications

	Public Comment	Response
12	Comment: Neuropsychometric testing must include at least 2 symptom validity tests	This language has been added, thank you
13	More Explanation around International Standards for Neurological Classification of Spinal Cord Injury (ASIA) Worksheet	The Multiple Sclerosis example (Inflammatory Disorders) 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.
14	Reference for demographically adjusted cognitive screening measure	Done, added, thank you.

Guides Digital Clarifications

	Public Comment	Response
15	Question about the diagnosis in Example 13.4x Mild Neurocognitive disorder due to TSH	This language has been clarified, thank you.
16	Sensory dysfunction criteria what about post-thalamic stroke pain	We recommend visiting this topic in a future revision
17	CRPS	Language from Chapter 15 has been added for consistency
18	Table 13-5i add “possible” after “no sexual function”	Done. Thank you

Guides Digital Clarifications

Public Comment	Response
Discussions regarding speech and other areas which theoretically overlap in the Guides, very well written and explained	Thank You.
All Chapter should use the same methodology	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.
Overlap between Class definition and Adaptive Measures Grade Modifiers	We have clarified this with a more thorough explanation of Adaptive Measures and also clarified throughout the chapter within multiple Case Examples, thank you.

Guides Digital Clarifications

	Public Comment	Response
	Overlap between Class definition and Adaptive Measures Grade Modifiers	We have clarified this with a more thorough explanation of Adaptive Measures and also clarified throughout the chapter within multiple Case Examples, thank you.
	Questions regarding Class 3 and whether that required an upgrade in Class	We have reworded the Grade modifier in Grade C from “unable to perform” to “performs most” <i>within Class</i>
	Include references on systematic reviews	We have referenced the ICF, DSM-5, ICHD, and ASIA evaluation. More may be possible in future revisions, thank you

Guides Digital Clarifications

	Public Comment	Response
	BOTC should be included in all chapters	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

The Nervous System

AMA Guides Digital Responses



IAIME
INTERNATIONAL ACADEMY
OF INDEPENDENT MEDICAL EVALUATORS

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

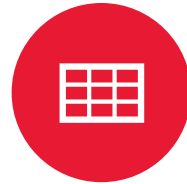


TABLE 15-30



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 15th at 6pm CT.
- Next **Panel** subcommittee/executive session schedule for Thursday, November 17th at 6pm CT.
- Public meeting is adjourned. **Panel members and advisors, please standby for closed session before lunch.**