



MEMBERSHIP
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MEDICINE™

AMA Guides® Editorial Panel

Virtual Panel Meeting
Thursday, December 16th, 2021

Please Mute Your Computer to Prevent Background Noise

Participants will be placed in the waiting room until the meeting begins at 6:00 PM CT

Topics

- AMA Guides Education Update
- November Meeting Summary and Proposals:
 - ENT
 - fPROMs
- Editorial Priorities
- Spine Update
- Closing of Public Meeting
- Executive Session

Attendance

- Attendance will be taken to establish a 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 Gelinis, 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.**

AMA Guides Sixth 2022 on the AMA Ed Hub™

The screenshot shows the course page on the AMA Ed Hub. The title is "AMA Guides Sixth 2022: Foundations and Practical Application Updates". The course is an interactive course by Victoria Riordan, dated December 9, 2021. The learning objectives are:

1. Summarize history, founding principles, and practical application of the AMA Guides
2. Describe the importance of using evidence-based medicine and science to provide accurate impairment ratings
3. Identify the elements of impairment rating reporting requirements and testimony in legal proceedings

There are buttons for "Module", "Take Quiz", and "Resources". A "Start" button is visible over a photo of a doctor using a tablet. Below the photo, it says: "Discover what updates are being made to the AMA Guides® to the Evaluation of Permanent Impairment for 2022. This course will take you through the specific 2022 updates to the Conceptual Foundations and..."

- A module describing 2022 changes is available on the AMA Ed Hub™.
- Provides a review summary of some sixth edition concepts and principles.
- Free 0.5 CME.
- **January 1, 2022:** AMA will consider the updated AMA Guides Sixth **2022** the **most recent edition** of the AMA Guides and the most current version of AMA Guides Sixth.

November 18 Meeting Summary

ID	Affiliation	Applicant Name(s)	Action Requested	Editorial Panel Action
100140	American College of Occupational and Environmental Medicine American Psychological Association	Kathryn Mueller, MD Dan Bruns, PsyD Stephen Gillaspay PhD Robert Glueckauf, PhD	Recommended PROMIS-29 fPROM for incorporation into the AMA Guides	Request applicants provide copies of the PROMIS 29 questions for review and provide the crosswalk between the computer and paper scoring prior to making a decision on moving forward to incorporate the fPROM in the Guides. Expressed support for the PROMIS-29 as the best available, evidence-based science.
100160	American Academy of Otolaryngology - Head and Neck Surgery	Robert Sataloff, MD	Editorial updates to ENT chapter of the AMA Guides to include insertion of Rotary Chair Testing, new dysphagia example along w/ Addition of videonystagmography (VNG) to subtitle and to accompany electronystagmography (ENG).	Approved* *Directive: Information on example to be embedded into the text of the Guides. (<i>for review in December to approve</i>)

ENT Proposed Example: 15% WPI; Subject 70-year-old man

- **History:** This 70-year-old male worked for approximately four decades in an industry in which he was exposed to carcinogens. He had no history of smoking cigarettes or consuming alcohol. At age 60, he was treated with surgery and radiation therapy for squamous cell carcinoma of the right side of the tongue and floor of mouth. Since that time, he had had dysphagia. He had to eat slowly, was unable to swallow food of some textures; and sometimes he coughed after drinking liquids, although he did not sense aspiration. He also had difficulty maintaining his body weight.
- **Current symptoms:** Dysphagia as described above.
- **Physical examination:** Partial restriction of tongue motion on the right. Dry, mildly erythematous mucosa of the oral cavity, pharynx and larynx consistent with radiation change. On stroboscopy, he had diffuse laryngeal edema and severe right vocal fold paresis.
- **Clinical studies:** Barium swallow showed silent aspiration. Modified barium swallow with a speech-language pathologist present revealed the following abnormalities:
- **Oral stage:** Mastication was effective. Lingual transfers were segmented. There was posterior bolus leakage prior to the initial swallow to the distal pharynx with thin liquids and to the proximal pharynx with all other textures.
- **Pharyngeal stage:** Delay of swallow initiation. Sluggish epiglottic displacement. Pharyngeal dysmotility with resultant bolus hold up in valleculae in pyriform sinuses. The residuals increased with thicker textures. Spontaneous second swallow cleared residuals only partially. A cued liquid chaser cleared most of the remaining residuals from the valleculae, but pyriform sinus residuals increased with thin liquid trials. Osteophytic spurs at C5-6 and C6-7 may have contributed to pyriform sinus residuals. There was transient laryngeal penetration of thin liquids to the level of the vocal folds. Sensation of the penetration was inconsistent. No aspiration was seen during the study, but the patient was felt to be at high risk for intermittent aspiration as had been identified on the previous barium swallow.
- **Comment:** The individual is limited to soft foods **because of dysphagia only in this example**. Referencing Table 11-7, this results in whole person impairment of 5-15%. In addition, in order to swallow safely, he needs to alternate soft foods with liquids. Ingestion time is prolonged substantially. He has laryngeal penetration and intermittent aspiration. He has to spend lengthy portions of his days eating (slowly) in order to maintain body weight. These factors cause substantial impairment in quality of life, as well as ongoing risk of aspiration pneumonia; and the time required to eat interferes with his ability to work. Hence, his impairment rating should be at the high end of the range mandated by Table 11-7.

Comments



Betty Chu, MD
Member since 1997

fPROMs Proposal - Action

- Copies of the PROMIS-29 measures, manual/computer scoring, and crosswalk information have been provided to the Editorial Panel for review.
- Concerns expressed about difficulty performing ratings using the tool and impact on physician willingness to perform such ratings.
- Strong support regarding the evidence-base and validity behind the tool.
- Panel members will continue discussion in executive session.
- Are there additional questions or comments that public or panel members would like to make with regards to implementation of this tool in the AMA Guides?



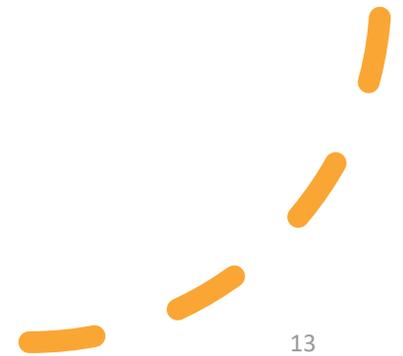
Sneha Swaminathan
Member since 2017

Editorial Priorities

Today's Objective

Narrow down new priorities the panel wants to prioritize for advancement.

Reminder: Editorial priorities focus on areas of the Guides where additional guidance is most needed. Proposals on any topic are always accepted, however, proposals that address editorial priorities may receive priority from the Panel.



Telemedicine

- Concerns that it would be difficult due to getting accurate rating; Providing care via telehealth, musculoskeletal (ROM, strength) in a telehealth record is challenging, no hands-on information to rely on; it becomes suspect. Telemedicine may not be defensible in court.
- Beneficial to have this guidance for performing impairment ratings straight from the source.
- Consider update from the AMA if not in the Guides; this is a pressing issue for the states, regardless of COVID-19 outcome.
- Next steps: telemedicine subcommittee should meet to discuss this further and make a recommendation

Long Haul COVID

- Post-covid conditions such as fatigue, post exertional malaise, and more have not been addressed historically by the Guides, but are timely due to COVID-19 cases and ripe for consideration.
- Topical and related to present day concerns could be leverage for states to move forward in adopting most current medicine. Next steps: Assess Newsletter content that covers these issues.

Pain

- From an adjudication standpoint- most difficult topic to deal with. Physicians are in a much better position to evaluate what is/ is not appropriate pain and what they're experiencing.
- Controversial topic, but a physician's conclusions are helpful in decision making.
- More guidance is needed to address psychosocial factors

ROM Deficiencies in LE and UE

- Many of DBI ratings within the UE and LE mandate that there be normal motion, however, modifications do allow for ROM being a factor. Having the options to rate patients using standard DBI is reasonable and could be an easy fix.
- Challenging to rate a fracture if there is loss of ROM- how does this interface w/ terminology as it currently exists?

Better Examples

- A lot of examples are currently black and white.
- Real world cases are not black and white so it would be good to include cases that are not 'slam dunks'.

Regional Body Systems

- For states that require score for a segment, this will be calculated backwards using a decimal.
- Note: This is addressed in the spine proposal.

Dermatology

- Very few dermatologists involved in the IR process.
- Because the skin includes wounds, burns, other disciplines need be involved (plastic/burn surgeons, allergists) in proposing an update to the Guides.

October 2021 Discussion Summary

Discussion

- Are there additional topics to consider that are timely?
- How many priorities seem logical?
- Which should be formally adopted as new priorities by the panel?
 1. Regional Body Systems* (*simple other than spine*)
 2. Better/abnormal examples*
 - Integrate Guides casebook as a means to address 'Better' Examples? Over 70 examples that can be easily integrated into what is online.
 3. Pain*
 - Minimum understand how pain should be considered and expressed
 - Pain leadership is looking at these issues and chronic pain (AAPM) ; head of international consortium of pain med interested in engaging
 - Pain / impairment are different concepts
 4. Telemedicine(?)
- Misc:
 - Where do facial scars vs trunk/extremity scars fit in? Do these things meld and are numbers appropriate?
 - CRPS and defective Budapest criteria?



Spine Proposal Update

Kevin McKinney, MD
Member since 1989

AMA Guides[®] Panel Meeting Calendar- 2022

PUBLIC MEETINGS (OPEN)

February 17, 2022 (VIRTUAL)	6 PM	8 PM
April 14, 2022 (LIVE*)	8 PM	4 PM
June 23, 2022 (VIRTUAL)	6 PM	8 PM
August 18, 2022 (VIRTUAL)	6 PM	8 PM
October 20, 2022 (LIVE*)	8 AM	4 PM
December 15, 2022 (VIRTUAL)	6 PM	8 PM

SUBCOMMITTEE / EXECUTIVE SESSION (CLOSED)

January 27, 2022 (VIRTUAL)	6 PM	8 PM
March 17, 2022 (VIRTUAL)	6 PM	8 PM
May 19, 2022 (VIRTUAL)	6 PM	8 PM
July 21, 2022 (VIRTUAL)	6 PM	8 PM
September 22, 2022 (VIRTUAL)	6 PM	8 PM
November 17, 2022 (VIRTUAL)	6 PM	8 PM

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

Closing

- This now concludes the public meeting.
- The next **public** Editorial Panel Meeting will be held virtually on **February 17th at 6:00 pm CT.**
- Panel members and advisors will convene in Executive Session momentarily. Panel members please standby.