AMA Guides® Editorial Panel

Public Meeting

Thursday, February 17th, 2022

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

Agenda

- fPROMs Update
- Tinnitus Proposal
- Authoritative Branding Update
- April 14 Meeting Update
- Public Meeting Closing
- 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 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

- 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.**

Meeting Mechanics (con't)

- Co-chairs will introduce the proposal(s).
- Presenters will provide an overview of the proposal.
- Primary and secondary reviewers will be called upon first to lead discussion and recommend action.
- 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 invited to participate towards the end of discussion and are asked to disclose any conflicts of interest when introducing themselves.

fPROMs Update

Recap: Timeline Summary of fPROM Proposal Editorial Panel Activities

April 2020

Proposal to address replacement of current functional tools approved by the Panel

October 2020

fPROM Inclusion Criteria and Search Methodology Presented

July 2021

Presentation of preliminary results and rating process for top 10 fPROMs and inter-rater reliability

November 2021

PROMIS-29 presented for Panel consideration

Strong support for adoption expressed but additional review materials was requested by the panel

December 2021

Review of additional information and discussion yielded the need for more information regarding access to the measures, validity concerns and need for real-life examples to demonstrate usage.

January 2022

Responses from ACOEM and APA presented for panel review, deliberation and decision.

fPROMs Proposal Update

- The AMA Guides Panel:
  - Approved adding PROMIS-29 Profile v2.1 (P-29) as an fPROM option for a grade modifier in impairment ratings moving forward.
  - Encouraged the AMA to explore licensing and other processes to allow physicians to adopt the P-29 as a tool as a component of impairment guidelines where applicable.
- If future updates to the P-29 are issued by the publisher, the panel will have to vet and approve the updated tool to adopt into the AMA Guides.
- Current status: AMA vetting options of paper incorporation of the P-29 into the Guides. This will likely be a similar format to the PDQ or the Oswestry.
- Next steps: Once method of PROMIS incorporation is confirmed, chapter editing followed by a public comment period.

Tinnitus Proposal

Overview

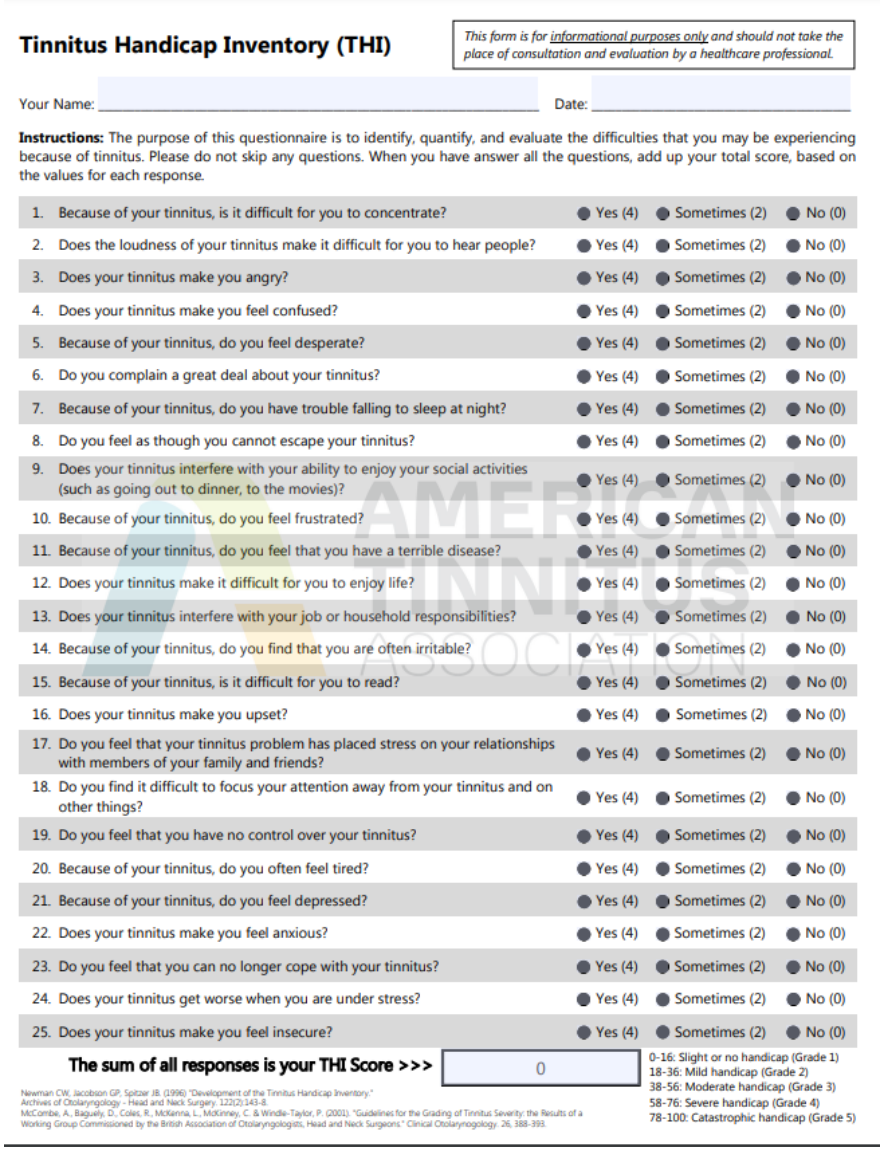
- Proposal addresses adoption of the Tinnitus Handicap Inventory (THI) as **the standard** to rate tinnitus impairment in the AMA Guides.
- Currently printed in the AMA Guides Sixth Edition-
  - *There is currently no way to scientifically evaluate tinnitus, although validated instruments such as the Tinnitus Handicap Inventory have been used.*
- Currently, a tinnitus award is only rendered to the claimant if there is a ratable hearing loss.
- This proposal is conceptual only at this phase. Should the panel approve, next step will move to editing the AMA Guides.

Background

- Tinnitus is almost always entirely subjective. There is no easy way to measure the tinnitus sound that a person perceives in his/her head. In addition, it is often hard for the patient to accurately assess exactly how much each ear is involved.
- Acoustic trauma can cause ear related problems that include hearing loss, tinnitus, and dizziness. They can happen together or independently of one another. Hearing loss has measurable results as confirmed by an audiogram. Unfortunately, there is not an easy way to measure tinnitus levels.
- This inability to verify is one of the reasons why it was not included in the Guides upon initial development of the sixth and prior editions, and why it is considered currently only in the presence of bilateral sensorineural hearing loss and is limited to 5%.
- However, standardization is needed as ratings are not consistent. Lots of variation in practices amongst physicians providing these ratings.

Tinnitus Handicap Inventory (THI)

- The THI is a widely used measure for tinnitus handicap that has been extensively researched and proven to have both consistent reliability and repeatability. In addition, research indicates that it is a psychometrically robust measure that evaluates the impact of tinnitus on daily living (*J Am Acad Audio. 1998 Apr; 9(2):153-60*).
- American Academy of Audiology recognizes the THI as a standardized method of scoring tinnitus. It is a recommended test in the AAO-HNS Tinnitus Guidelines and is easy to use.
- By using the THI, can add up the score and give a percentage (1-5%) award that can be added to the binaural loss calculated. This is an improvement over subjectively picking a number that seems logical based on the severity of the patient's complaints. At least with the THI, there is a potential method for standardizing the tinnitus award.



Tinnitus Handicap Inventory (THI)

This form is for informational purposes only and should not take the place of consultation and evaluation by a healthcare professional.

Your Name: _____ Date: _____

Instructions: The purpose of this questionnaire is to identify, quantify, and evaluate the difficulties that you may be experiencing because of tinnitus. Please do not skip any questions. When you have answer all the questions, add up your total score, based on the values for each response.

1.	Because of your tinnitus, is it difficult for you to concentrate?	Yes (4)	Sometimes (2)	No (0)
2.	Does the loudness of your tinnitus make it difficult for you to hear people?	Yes (4)	Sometimes (2)	No (0)
3.	Does your tinnitus make you angry?	Yes (4)	Sometimes (2)	No (0)
4.	Does your tinnitus make you feel confused?	Yes (4)	Sometimes (2)	No (0)
5.	Because of your tinnitus, do you feel desperate?	Yes (4)	Sometimes (2)	No (0)
6.	Do you complain a great deal about your tinnitus?	Yes (4)	Sometimes (2)	No (0)
7.	Because of your tinnitus, do you have trouble falling to sleep at night?	Yes (4)	Sometimes (2)	No (0)
8.	Do you feel as though you cannot escape your tinnitus?	Yes (4)	Sometimes (2)	No (0)
9.	Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)?	Yes (4)	Sometimes (2)	No (0)
10.	Because of your tinnitus, do you feel frustrated?	Yes (4)	Sometimes (2)	No (0)
11.	Because of your tinnitus, do you feel that you have a terrible disease?	Yes (4)	Sometimes (2)	No (0)
12.	Does your tinnitus make it difficult for you to enjoy life?	Yes (4)	Sometimes (2)	No (0)
13.	Does your tinnitus interfere with your job or household responsibilities?	Yes (4)	Sometimes (2)	No (0)
14.	Because of your tinnitus, do you find that you are often irritable?	Yes (4)	Sometimes (2)	No (0)
15.	Because of your tinnitus, is it difficult for you to read?	Yes (4)	Sometimes (2)	No (0)
16.	Does your tinnitus make you upset?	Yes (4)	Sometimes (2)	No (0)
17.	Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?	Yes (4)	Sometimes (2)	No (0)
18.	Do you find it difficult to focus your attention away from your tinnitus and on other things?	Yes (4)	Sometimes (2)	No (0)
19.	Do you feel that you have no control over your tinnitus?	Yes (4)	Sometimes (2)	No (0)
20.	Because of your tinnitus, do you often feel tired?	Yes (4)	Sometimes (2)	No (0)
21.	Because of your tinnitus, do you feel depressed?	Yes (4)	Sometimes (2)	No (0)
22.	Does your tinnitus make you feel anxious?	Yes (4)	Sometimes (2)	No (0)
23.	Do you feel that you can no longer cope with your tinnitus?	Yes (4)	Sometimes (2)	No (0)
24.	Does your tinnitus get worse when you are under stress?	Yes (4)	Sometimes (2)	No (0)
25.	Does your tinnitus make you feel insecure?	Yes (4)	Sometimes (2)	No (0)

The sum of all responses is your THI Score >>> 0

0-16: Slight or no handicap (Grade 1)
18-36: Mild handicap (Grade 2)
38-56: Moderate handicap (Grade 3)
58-76: Severe handicap (Grade 4)
78-100: Catastrophic handicap (Grade 5)

Newman CW, Jacobson GP, Spitzer JB. (1996) "Development of the Tinnitus Handicap Inventory." Archives of Otolaryngology - Head and Neck Surgery. 122(2):143-8.
McCombe, A., Baguley, D., Coles, R., McKenna, L., McKinney, C. & Windle-Taylor, P. (2001). "Guidelines for the Grading of Tinnitus Severity: the Results of a Working Group Commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons." Clinical Otolaryngology. 26, 388-393.

Tinnitus Handicap Inventory

(American Tinnitus Association)

Propose that impairment % correlate with THI Score Grade

Scoring and Impairment %

0-16: Slight or no handicap (Grade 1)	1%
18-36: Mild handicap (Grade 2)	2%
38-56: Moderate handicap (Grade 3)	3%
58-76: Severe handicap (Grade 4)	4%
78-100: Catastrophic handicap (Grade 5)	5%

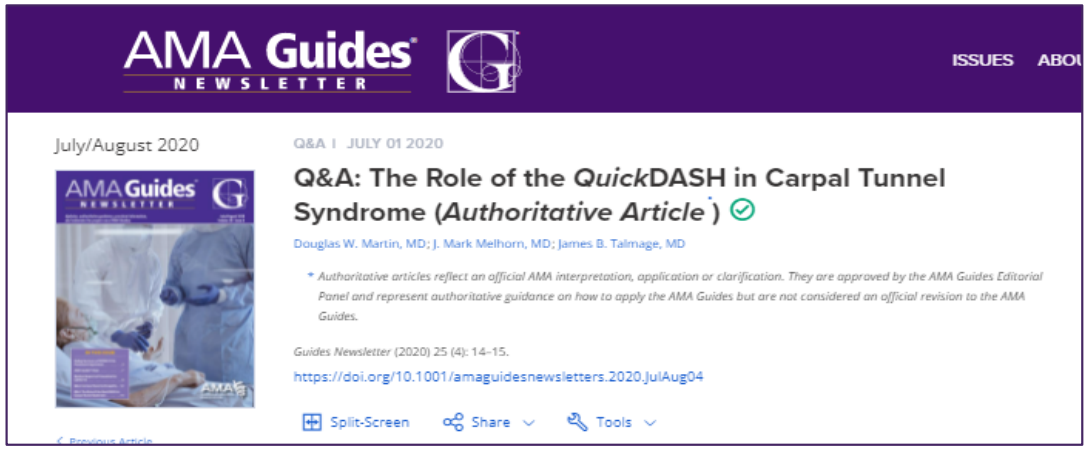
Considerations

- Why is it okay to award a tinnitus score to a claimant who has a ratable hearing loss and not to a claimant who has no ratable hearing loss? If the concern is that there may be malingering influencing the score malingering can happen with or without hearing loss. If that is the case, why award a tinnitus score at all?
- In many cases, claimants find that their tinnitus is more debilitating than their hearing loss as it can cause loss of focus, inability to sleep, and various psychological problems. When one has a tinnitus score of 4-5% as determined by the THI, the claimant may have significant disability.
- Tinnitus is considered a symptom and not a disease. But isn't hearing loss also a symptom? They both are symptoms of the injury of acoustic trauma. claimant should be rendered a tinnitus award due to injury from acoustic trauma with or without ratable hearing loss.

Discussion

Authoritative Newsletter Content Available

Authoritative Newsletter Content Live on AMA Guides Digital!



Authoritative articles reflect an official AMA interpretation, application or clarification. They are approved by the AMA Guides Editorial Panel and represent authoritative guidance on how to apply the AMA Guides but are not considered an official revision to the AMA Guides.

Closing

- Next **public** meeting will be on April 14th. This will now be a **daytime virtual** meeting. Timing and agenda will be announced shortly.
- Next **Panel** subcommittee/executive session schedule for March 17th at 6pm CT Virtual.
- Public meeting is adjourned. Panel members please stand by for executive session.