AMA AMERICAN MEDICAL ASSOCIATION

MEMBERSHIP MOVES MEDICINE™

AMA Guides® Editorial Panel

Virtual Panel Meeting
Thursday, July 29th, 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

- fPROMs Update
- AMA Guides Sixth 2022 Proposal Updates
  - Neurology (include mTBI, emotional and behavioral disturbances)
- Working Session: Physician Statements on Use of Most Current Medicine
- 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

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- 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**.

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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.**

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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

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

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Rob Glueckauf, PhD
Florida State University
IHC Chair

IHC

Interdivisional Healthcare Committee

An APA Affiliated Think Tank

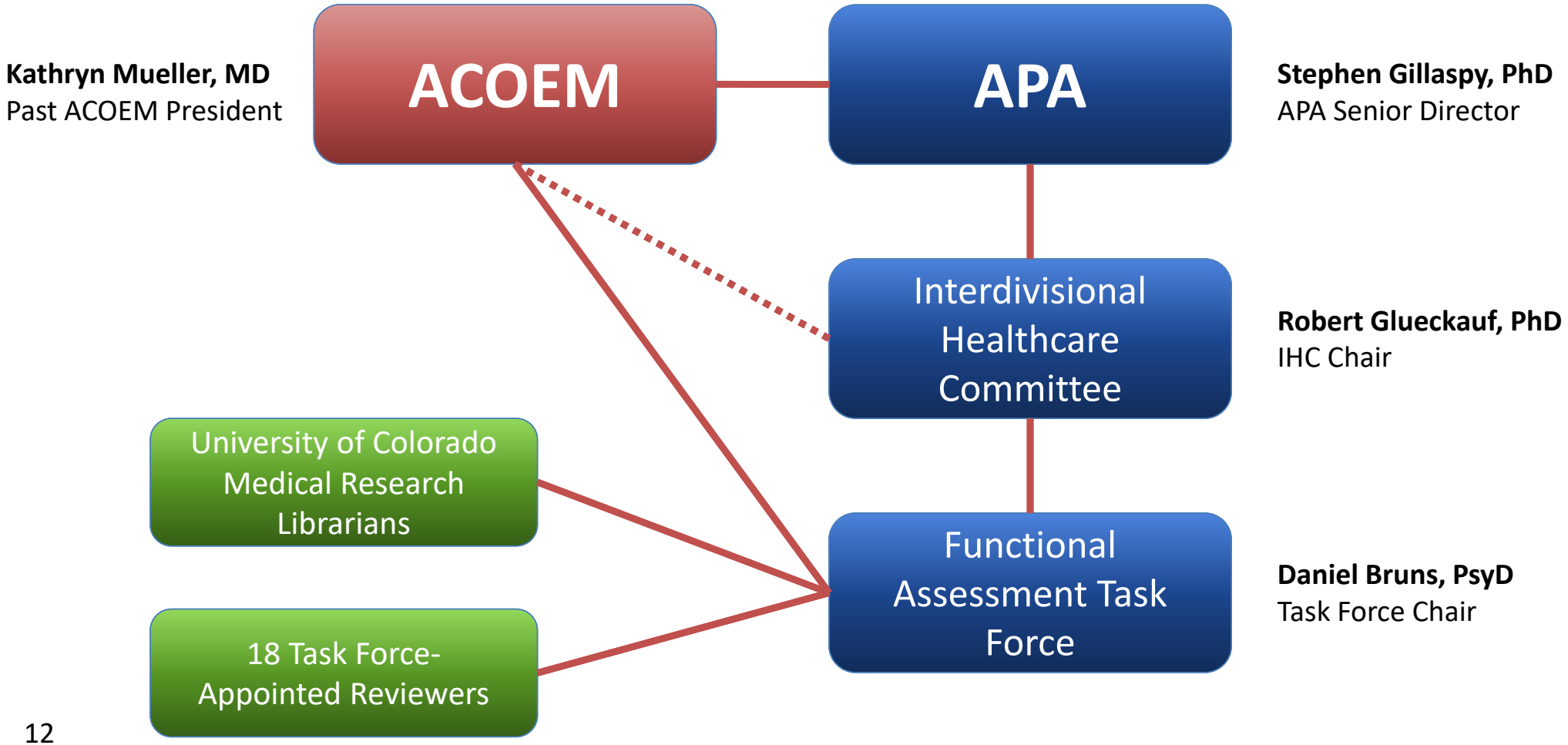
- APA Division 17 – Society of Counseling Psychology
- APA Division 22 – Rehabilitation Psychology
- APA Division 31 – State, Provincial and Territorial Affairs
- APA Division 38 – Society for Health Psychology
- APA Division 40 – Society for Clinical Neuropsychology
- APA Division 42 – Psychologists in Independent Practice
- APA Division 43 – Society for Couple & Family Psychology
- APA Division 54 – Society of Pediatric Psychology
- Also attended by APA leadership and ACOEM

Daniel Bruns, PsyD FAPA

Chair: Functional Outcome Assessment Task Force

- **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**
- **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

fPROM Project Organization



Criteria for Inclusion in fPROM Review

General psychometric standards

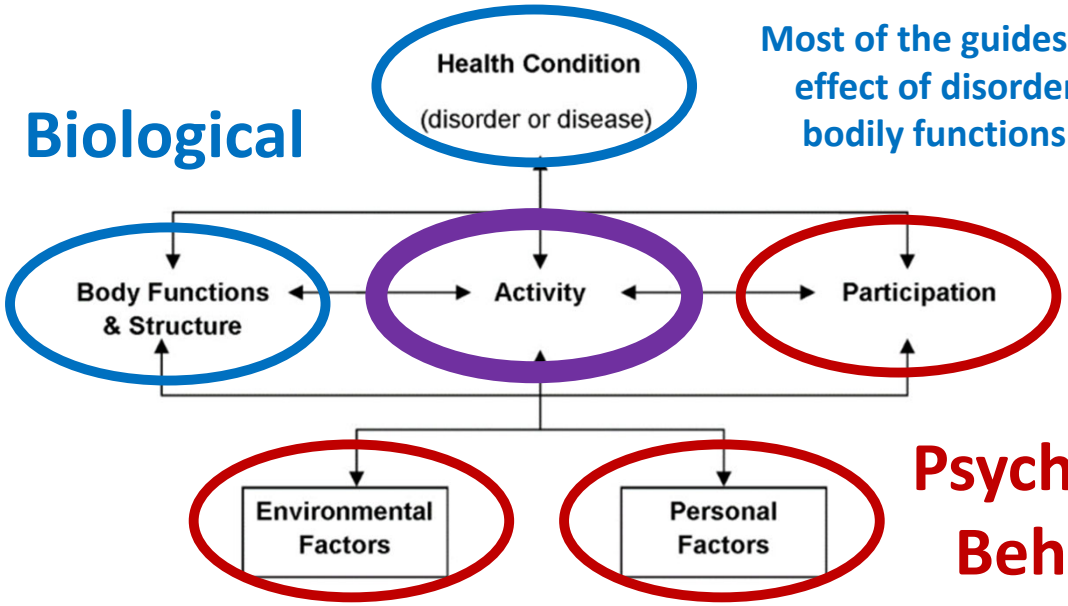
- Standardization
  - Validity
  - Reliability
  - Norms
  - Fairness

AMA Guides standards

- Forensic defensibility
  - Rules of evidence (Frye, Daubert)
  - Regional regulations
- Practicality
- Internal consistency
- Consistent with ICF

The ICF, Functioning, and the Biopsychosocial Model

Biological



Most of the guides is devoted to the effect of disorders or disease on bodily functions and structures

Psychosocial/ Behavioral

Social & Physical

We worked to identify fPROMs that could assess participation in various activities of daily living, along with associated personal and environmental factors. ADLs play a central role in this system.

How is Activity Defined Under ICF?

Basic ADLs / BADLs *Necessary for survival*	**Instrumental ADLs / IADLs** *Needed for independent functioning*	**Advanced ADLs / AADLs** *Not essential for survival but make life meaningful*
Continence/ use of toilet	Phone / communications	Recreation
Bathing	Shopping	Spiritual pursuits
Dressing	Food preparation	Education/ learning
Grooming	Housekeeping	Work
Mobility	Laundry	Others (examples): • Intimacy • Family caregiving
Feeding	Transportation	
	Medication use	
15	Managing finances	

Methods of the Project Literature Review

- **The number of patient reported outcome measures estimated to be over a thousand (SOMOS)**
- **Number of studies citing psychometric measures of function:**
  - Common fPROMs (SF-36, PROMIS, Oswestry, Roland Morris) ~ 38K studies
  - All studies ~ 100K
- **Univ Colorado Med School research librarians assisted lit review**
  - Identified both well-known & not well-known tests as candidates for review
  - We considered 20 measures, and eliminated those with serious shortcomings
  - 10 remaining measures subjected to intensive scrutiny

Rating Process For Top 10 fPROMS

- **Developed a review system to rate measures for Guides**
  - The *Guides* has unique needs – both clinical and forensic
  - A system was developed to rate measures
  - APA created a web-based system for gathering data from raters
- **Reviewers Were Recruited by IHC**
  - 18 reviewers (9 senior, 9 early career/fellowship training)
  - Reviewers trained in the system, provided with articles and support line
- **Inter-rater reliability (agreement%) was calculated**
  - Reliabilities calculated for each fPROM and for each item in the rating
  - **Final overall inter-rater reliability was 82%**
    - Rater reliability across measures: Std Dev = 10.15; Std Error = 3.4

Review Process and Challenges Encountered

Some Commonly Used Measures Are Not Good Matches for the Needs of the *Guides*

- **8500 studies cite the Oswestry**
- **Even so, Oswestry has shortcomings as a Guides measure**
  - **Oswestry is a pain interference measure, not a function measure**
    - Every item is focused on pain
  - **Oswestry is a verbose test**
    - > 7 times more words to read than similar tests
  - **Critics and Oswestry author agree one item is culturally offensive**

Some Commonly Used Measures Are Not Good Matches for the Needs of the *Guides*

- **The versions of the Oswestry are not equivalent (Fairbank, 2014)**
  - V1, v2, v2.1, v2.1a, v2.1b, "Modified" versions, "Revised" version, MODEMS versions and others
  - Differing instructions & scoring systems; 7, 8, 9, and 10 item versions
  - Some modified versions of the Oswestry produce scores 15 points higher than other versions
  - Currently Oswestry v2.1b is the only official version

Some Commonly Used Measures Are Not Good Matches for the Needs of the *Guides*

- **Oswestry author Fairbank states that modified versions of the Oswestry "should not be used in conjunction with the word Oswestry", as they violate the copyright (Fairbank, 2014)**
  - Minimally, this affects hundreds of articles

- **Systematic reviews of Oswestry find strong evidence of psychometric weaknesses in the official version of the test (Chiarotto, 2018)**

Some Measures Have Been Developed Using a Systematic Research Plan

Other measures are based on inconsistent psychometric research

IHC Meets 8/5/2021
To Finalize Recommendations

AMA Guides Sixth 2022

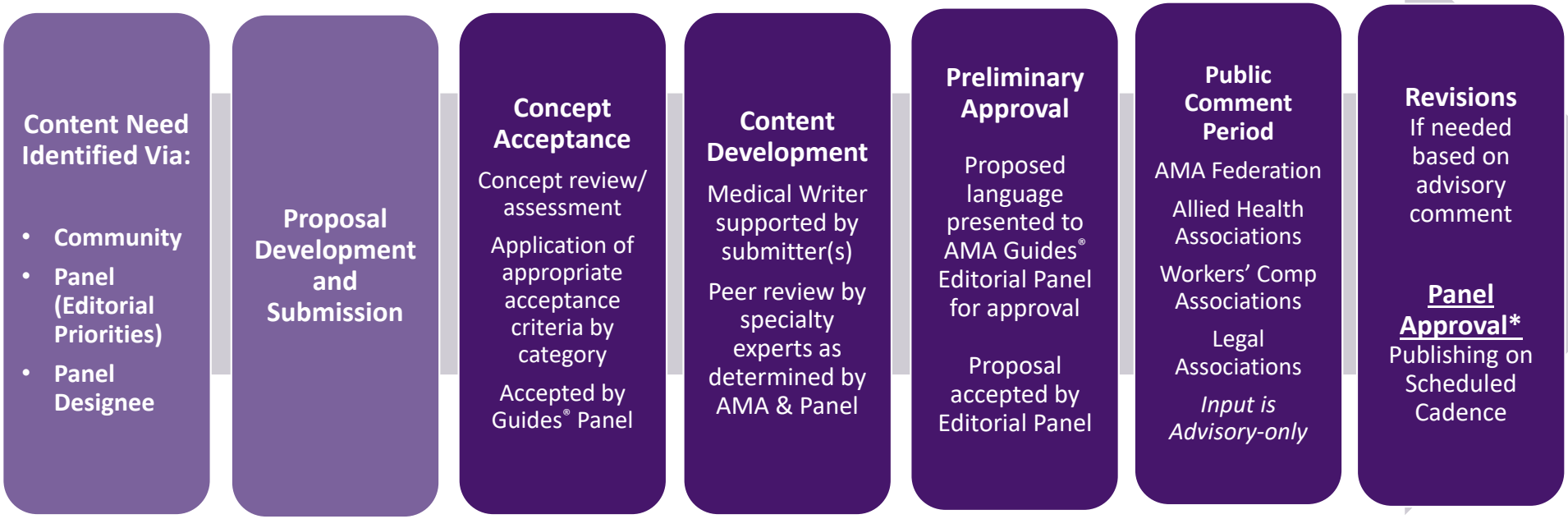
Proposal and Content Update

Neurology

Betty Chu, MD
Member since 1997

Editorial Review Process

"Advance with Revision" **mTBI and Removal of the GAF (formerly 13.3f)**



Summary of Initial Proposals

1. Proposed using a diagnosis-based impairment approach to mild traumatic brain injury. Applicants recommended a) applying correct diagnostic taxonomy to the initial exposure and b) rating any residual sequelae. **(April 2021)**

2. Remove section 13.3f, *Behavioral or Emotional Impairments*, including examples 13-11, example 13-12 and table 13-10 in their entirety **(May 2021)**

Summary of Panel Feedback

- **Summary (April and May)**
  - Overall, consider the strategy for revision of **chapter sections as one entity**; consider pathway for the addition of emotional/psychological features as a modifier.
  - Strategy to consider removal of the Global Assessment of Functioning
  - Need to improve inter-rater reliability
  - More specific phraseology around the term ‘mTBI’

Summary of Chapter 13 Edits

- Two proposals have been ‘merged’ into one edited file
- Scope of the updates are limited to the sections that impact medical updates proposed in initial application (emotional and behavioral disturbances and mild traumatic brain injury). **As such, sections 13.2 and 13.3 have only been updated.**
- Global Assessment of Functioning (GAF) has been removed from the methods to rate emotional and behavioral disturbances associated with *neurological conditions*. The MSCHIF table and section has been modified to account for these conditions, (we propose renaming to the MSCHIFE).
- Clarification to the methods for rating traumatic brain injury, including mild, using similar methodology present in chapter 15, page 430. (maintains internal consistency with the Guides)

Summary of Chapter 13 Edits

- Introduced Section 13.3f, to specifically address Traumatic Brain Injury. Multiple example are provided to clarify impairment rating methodology, including combining ratings within the chapter (as with Spinal Cord Injury) and across chapters, consistent with existing Guides methodology.
- Reassigned impairment rating range for Class 1 impairment in MSCHIFE to be consistent with Chapter 17: page 564, Table 17-2, Class 1; and page 570, Table 17-4, Class 1 (persistent non-verifiable complaints with similar findings on multiple occasions).
- Reordered and repositioned cerebral disorders for internal consistency within the chapter
- Bibliography- *in progress*

Discussion of the Neurology Revisions

Questions and Comments from the Panel Invited

Questions and Comments from the Public Invited

Next Steps

- Determination of next steps for these proposals will occur in Executive Session. An announcement will be made public following the meeting.
- Public comment period is tentatively scheduled to commence on Monday, August 2nd - Friday, August 27 (***pending panel decision***)

Working Session: Physician Statements on Use of Most Current Medicine

- Revisiting the placement and language that emphasizes the use of the most current medicine in the AMA Guides. Rationale is that this would assist the legal community in vetting the science and evidence behind impairment ratings/reports.
- Guidance will be considered advisory, non-medical language for physicians using the Guides. Implications in the legal setting.
- Panel is developing this language in the public forum and public input is welcome.
- Consider using portion of BOT Report 12 and weave language into the statement.

Live Notetaking

- Placement Considerations: Section 1.5 and 2.7c? Sample report?
- Is there a need for instructional text?
  - Insert Editorial Panel Process Into the Guides themselves (see diagram)
  - Emphasize the evidence based nature of the process and panel. Not seeking consensus, being driven and guided by the best available scientific evidence
- Specimen Language:
  - *These AMA Guides Sixth 2022 are the product of an ongoing, collaborative, peer-reviewed process. They represent the best medical science regarding determination of function. The persistent review and reconsideration process adopted by the AMA Guides Editorial Panel demonstrates a commitment to timely, comprehensive, and contemporary standards for evaluation of impairment.*
- Next steps: take suggestions and develop language for panel consideration; potential to re-write chapters 1 and 2 (review prior to revise)

October 14 – Live Meeting Update

- **At this time**, the October 14th meeting will be live in Chicago with a virtual option. **Live attendance is not required. Proof of vaccination is required before entering AMA Premises.**
- Fly-in Wednesday, October 13th and depart the evening of the 14th
- Final logistics for panel in process of being finalized
- The AMA travel and reimbursement policy will be sent to Panel members.
- Public attendance during open sessions encouraged. Agenda will be posted soon.

Closing

- **Next meeting**: Thursday, August 26th at 6:00pm Central Time
- Thank you for attending. Panel members please stand by for Executive Session to begin.