

## AMA Guides® Editorial Panel

Virtual Panel Meeting Thursday, June 24th, 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**

- Meeting Conduct Policy Updates
- AMA House of Delegates Update
- 2022 Proposal Updates
- Improvements to the Editorial Process
- Physician Statements on Use of Most Current Medicine
- Panel Meeting Updates
- Closing



## **Attendance**

Attendance will be taken to establish a quorum.

#### **Panel Members**

Helene Fearon, PT	Doug Martin, MD
Steven Feinberg, MD	Kano Mayer, MD
David Gloss, MD	Mark Melhorn, MD
Robert Goldberg, DO	Lylas Mogk, MD
Rita Livingston, MD, MPH	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



## **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.







## **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<sup>®</sup>, 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<sup>®</sup>. 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.





## Resolution 606 – June AMA HOD Meeting

- **November 2020:** Resolution 606 (606-Nov-2020), brought forward by IAIME, MedChi (the state medical society for Maryland), and AAPMR was referred for report:
- June 2021: AMA HOD adopted BOT 12 in lieu of 606-Nov-20.
  - Our American Medical Association supports the adoption of the most current edition of the AMA Guides to the Evaluation of Permanent Impairment by all jurisdictions to provide fair and consistent impairment evaluations for patients and claimants including injured workers.
- This result supports the mission of the Editorial Panel to update the AMA Guides with the most current medicine.



### Reminder

- The AMA Guides Sixth Edition is considered the foundation for proposed updates to the AMA Guides, and future updates to the AMA Guides will build upon the changes that precede them (eg, AMA Guides Sixth 2022 will build on AMA Guides Sixth 2021).
- Proposals that address previous editions of the AMA Guides (eg, 5th, 4th, 3rd) will not be considered.

#### **Editorial Review Process**

## **Content Need Identified Via:**

- Community
- Panel (Editorial Priorities)
- Panel Designee

Proposal
Development
and
Submission

## **Concept Acceptance**

Concept review/ assessment

Application of appropriate acceptance criteria by category

Accepted by Guides® Panel

## Content Development

Medical Writer supported by submitter(s)

Peer review by specialty experts as determined by AMA & Panel

## Preliminary Approval

Proposed language presented to AMA Guides® Editorial Panel for approval

Proposal accepted by Editorial Panel

#### Public Comment Period

AMA Federation Allied Health

Associations

Workers' Comp Associations

Legal Associations

Input is Advisory-only

#### **Revisions**

If needed based on advisory comment

## Panel Approval\*

Publishing on Scheduled Cadence

Spine 13.3f



# Identifying Content Needs

#### **Editorial Priority**

- Keep the AMA Guides® Editorial Panel's efforts focused on pre-defined goals, streamlining the Panel's work and ensuring every meeting is as productive as possible.
- Strengthen communications between the AMA Guides® Editorial Panel and the broader community, by publicizing the Panel's priorities and soliciting proposals that meet those objectives.
- Engage key stakeholders and other impacted parties proactively, knowing exactly when to enlist their support and feedback.

#### Panel Designee

 Individual/group designated by the Panel to address the needed changes to the Guides.

#### Community

 Area of change comes from larger Guides community and is not necessarily an editorial priority.



## **Pre-Proposal Considerations**

- Proposals that require significant revisions to text changes may be eligible to receive
  editable copies of AMA Guides content. Such cases will be reviewed by AMA Staff and
  copies will be provided on a case-by-case basis. Release of editable content to
  applicants is subject to completion of confidentiality disclosure forms. Sharing the
  editable files for unauthorized use is prohibited.
- Minor editorial changes (ie, editorial corrections that are grammatical in nature) or conceptual changes to the AMA Guides should reference the appropriate section (eg, chapter, subsection, example, table, figure) to AMA Guides.
- All proposals should consider how changes impact other associated AMA Guides content.
- A short presentation of the proposal to the editorial panel may be requested and is not always required.



## **Iterative Process with Multiple Approvals**

- Concept Acceptance: Panel accepts concept of changes prior to review of any formally written copy.
- Preliminary Approval: Preliminary language in the form of chapter revisions is approved. Copyediting and development of the changes may reveal additional changes that require Panel oversight.
- Public Comment Period: A public comment period is offered to provide the chance for relevant societies, regulatory bodies, individuals and other stakeholders to provide advisory comments for consideration. Additional revisions, review, and approvals by the Panel may be warranted after the period concludes.
- Final Approval: Editorial Panel provides final sign off on the changes to become adopted in the AMA Guides.



## **Review Roles**

#### **Panel**

Editorial panel members and advisors are expected to review proposals prior to panel meetings to come prepared for discussion.

#### Reviewer(s)

Prior to the meeting, a primary and secondary reviewer(s) may be appointed by the co-chairs to review the proposal under a closer lens to stimulate discussion and feedback with the panel.

#### Liaison (New!)

A single panel liaison may be appointed by the Panel Co-Chairs to applicants who receive a decision of Revise or Table on their application. The liaison role would be to communicate concerns expressed by panel members, but not be actively involved in recreating the proposal and associated documents. The role of the liaison is strictly advisory and he/she shall not offer any endorsement of the Panel during this process.



## Statement of Lobbying

Applicants and other interested parties must not engage in "lobbying" for or against Guides proposals. "Lobbying" means unsolicited communications of any kind made at any time (including during Editorial Panel meetings) for the purpose of attempting to improperly influence voting by members of the Editorial Panel on a proposal.

Any communication that can reasonably be interpreted as coercion, intimidation or harassment is strictly prohibited. Violation of the prohibition on lobbying may result in sanctions, such as being suspended or barred from further participation in the Guides process.





## **General Criteria for Editorial Proposals**

- The proposed editorial change is carefully drafted and conforms to the prevailing style of the AMA Guides;
- The terminology and the analytical frameworks used in the proposal are consistent with the World Health Organization's International Classification of Functioning, Disability, and Health (ICF);
- The structure and content of the proposed editorial change ensures that impairment ratings are transparent, clearly stated, and reproducible, to insure physician interrater reliability;
- The clinical soundness of the proposed editorial change is demonstrated with the best available evidence except in the case of minor editorial changes.
- The following two Proposal Acceptance Criteria are valid through March 2021, unless renewed by the AMA Guides® Editorial Panel.
  - Any proposed methodologies conform to the diagnosis-based grid construct of the AMA Guides Sixth; where such grid exists.
  - o The proposed editorial change does not deviate from the unified template of the diagnosis-based grid that is common to each organ system and chapter of the *AMA Guides Sixth*, where such grid exists.



## **Evidence Requirements**

- 1. Evidence-based medicine documented in peer reviewed articles
- Outcomes-based Real-World Evidence (RWE), meaning observational data generated during routine clinical practice and stored in EHRs, medical claims or billing databases, and registries with evidence determined to be of High or Moderate quality using the WHO's GRADE
- 3. Other peer-reviewed sources such as specialty society guidelines developed in accordance with the Institute of Medicine standards;
- 4. Consensus-based decisions developed in a Delphi process endorsed or overseen by a relevant stakeholder professional association or society. In some cases, evidence may take the form of data or case law such as:
  - a) State-based workers' compensation impairment rating data that is categorized by CPT code or injury code;
  - b) Industrial Commissioner (or similar) data on litigated case outcomes when impairment ratings are an issue;
  - c) Judicial opinions or law journal articles that identify a specific issue of wide and inconsistent impairment ratings for similar conditions.

While this evidence may demonstrate a need for change, it does not necessarily reflect what change is required (i.e., the medicine). In these cases, the AMA Guides Editorial Panel may elect to provide more precise guidance or may determine that it is necessary to engage a specialty society or other expert advisors to propose specific editorial changes.

## **Proposal Review Mechanics and Timeline**

#### **Current State / Background**

- Panel members are provided proposals for review a few weeks ahead of a panel meeting.
- There is a requirement that AMA Staff review all applications before they are advanced to the Editorial Panel for consideration. AMA reserves the right to postpone applications that are not ready for Panel Review.
- Seeking tradeoff with meaningful updates and proposals that comply w/ timeline and provide the Panel enough time to thoughtfully review a proposal. Strive to operate in a world to hold people accountable to deadlines but also provide flexibility.

#### **Questions**

- How do timelines impact the panel and applicants?
- How do we make those tradeoffs?
- Other missing steps and workflows in the process that should be considered, such as required review from specialty societies?

#### **Potential Motions**

Action	Description	Outcome
Approve	Proposed change is approved; Panel recommends AMA action to implement ECP.	Applicant(s) notified of Panel's decision, after AMA staff has determined early next steps toward deployment or implementation.
Reject	Proposed change is rejected; ECP might be out of scope, lacking evidence, premature, or not suitable for AMA Guides.	Applicant(s) notified and provided rationale for the decision (i.e., application criteria not met).
Revise (Advance with Revision)	Revisions are requested in effort to make ECP more acceptable; application will be reconsidered at later Panel meeting following revisions.	Applicant(s) notified regarding decision, summary of suggested revisions, and provided rationale for the decision.
Table	Decision is postponed or suspended until further notice.	Applicant(s) notified and provided rationale for the decision.

- Are these motions still reflective of the process?
- What is the feasibility of a motion to Approve that is dependent on changes vs. Revise?

## Physician Statements on Use of Most Current Medicine Presented by Hon. David Langham, Panel Advisor

- Evaluate the need for placement of language or other guidance in the AMA Guides that emphasizes the use of the most current medicine.
- Rationale is that this would assist the legal community in vetting the science and evidence behind the rating/report.
- Sample Language:

These AMA Guides 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 demonstrate a commitment to timely, comprehensive, and contemporary standards for evaluation of impairment.

## 2022 Proposal Status Update and Next Steps

#### **Proposals**

- 13.3f: Further discussion about proceeding with the rating steps outlined in 13.2 that considers the GAF for other disorders in the chapter is required.
- mTBI: Applicants revising their proposal based on panel and public discussion.
- Spine: Panel decision postponed to allow more time for review.

#### **Next Steps**

- Panel liaisons have been assigned and will work with the applicants to address comments and feedback.
- Public comment period will be announced in the near future.



## **Future Meeting Updates and Closing**

- Next meeting: Thursday, July 29th at 6:00pm Central Time
- September 16 Virtual Meeting: In progress of being rescheduled. More information coming soon.
- October 14 Live Meeting: Currently assessing feasibility of in person meeting. There will be a virtual option for those unable to attend live.
- 2022 Meeting Calendar and Cadence: Panel members will be surveyed on preferences and availability in the coming weeks
- Thank you for attending. This concludes tonight's meeting.



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