

Medical Advisory Committee

August 24, 2017

Location: Tennessee Room, 1-A, 220 French Landing Drive, Nashville, TN 37243

Attendees:

Abbie Hudgens, Administrator, BWC

Keith Graves, DC, Chiropractor

Rob Behnke, Cracker Barrel

James Talmage, MD, Assistant Medical Director, BWC

Misty Williams, Traveler Ins.

Ginny Howard, Zurich Ins.

Randall Holcomb, M.D., Orthopaedist

John Brophy, M.D. Neurosurgeon

John Benitez, M.D. Department of Health

Lisa Hartman, AFL-CIO

Robert Snyder, MD, Medical Director, BWC

Cerisia Cummings, DO, Bridgestone

Jeffrey Hazlewood, M.D., PM&R

David Tutor, MD, Chair, Occupational Medicine

Lisa Bellner, MD, PM&R, pain management

Troy Haley, BWC

Suzy Douglas, BWC

Jennifer Schneider, BWC

Darth Davenport, BWC

Suzanne Gaines, BWC

Guests:

Yarnell Beatty, Tennessee Medical Association

Faith Parrish, Vanderbilt

Toni McCaslin, HealthTrac, Inc

Adam Jaynes, MNAGR

Desiree Anderson, Schmidt Government Solutions

David Dipietro, Purdue Pharma

Lou Alsobrooks, Smith Harris & Carr

Mary Hardin, Campbell Clinic

Becky Troope, Health-eSystems

Sandy Shtab, Health-eSystems

Jim Schmidt, Schmidt Government Solutions

Judy Bobbitt, TOA

Ashlyn Drennan, TOA
Terry Parker, Vanderbilt
Chelsea Strawn, Coventry/Aetna
Alan Meade, TN PT Assoc.
Amy Breedlove, TN PT Assoc.
Paula Neimi, Eckman/Freeman & Assoc.
Chris McEvoy, Volkswagen Group of America
Treva Overstreet, CorVel

Telephone:

Sushil Mankani, MD, Liberty Mutual
Ken Eichler, ODG

Call to Order

1:05 meeting called to order by Dr. Tutor, Chairman. Introductions were made.

A quorum was confirmed. Special request were made at the beginning and end to complete the conflict of interest form (COI).

The motion to accept minutes as circulated from last committee meeting was approved.

Old Business

A summary of recommendations from the Supplemental Formulary Study Group was presented to the committee and discussed. The recommendations included the drug formulary application to patients with long term opioid medication for pain management.

1. Patients that are on long term opioid medications require special consideration from a pain management specialist and flexibility in the application of the drug formulary.
2. Clear and complete contact information should accompany any delays caused by the prior approval process at the pharmacy or by the pharmacy benefits manager (PBM). Notification of the patient and the prescriber should occur if the medication is delayed longer than 72 hours.

3. Enough medications (a minimum of 3 weeks) must be available to the patient if the medications are submitted to utilization review process. Clear and complete contact information must be available to the physician and to the patient.

4. Adjusters must make available alternate contact information in case a medical emergency occurs when these medications are not approved or are delayed.

Patients cannot have an abrupt withdrawal from medications; there must be flexibility in treatment and weaning protocols. In case of any delays caused by the prior approval process, there must be clear and complete contact information between pharmacy or pharmacy benefits manager (PBM) and patient and prescriber. Open communication is particularly necessary if medication is delayed longer than 72 hours or denied. There also needs to be flexibility in transitioning long term, high dosage patients to weaning.

Dr. Snyder identified a problem of new prescriptions that involve "N" drugs. He requested input on these suggestions over the next few weeks and will present a final proposal to the committee at the next meeting.

The next subject involved causation. Payers are starting to require providers to answer causation questions on every visit for claims that have already been accepted and authorized for treatment. When providers have to fill out lengthy forms, it delays treatment. These questions occur because of possible presence of degenerative disease which requires ongoing, more intensive treatment. There seems to be a new request when the treating physician recommends surgery. It was observed that the some of the forms that were presented came from Florida where the insurers have more problems with denied treatment and penalties.

Questions were raised; if an injury turns into a chronic condition, does worker's comp responsibility ever end? It was suggested that worker's comp treat the injury and if an underlying degenerative condition is found, the medical insurance could take over responsibility. It was also remarked that a patient's diagnosis can change over time. This leaves the questions, how is the injury separated from degenerative disease and who is responsible for treatment? No good answers were suggested. Billing for such extra requests is in the new fee schedule, but practitioners should be aware that it is not in the patient's best interest if any delay might compromise the results of treatment.

Dr. Snyder brought to the committee's attention the National Governors Association "Opioid Road Map", a multi-faceted approach that the state of

Tennessee supports. He then presented the BWC response, a report of current efforts and the comprehensive activities list.

New Business

There was no new business. Note was made of the Lunch and learn earlier today that presented a new program for alternatives to opioids in pain control.

The settled date for the next meeting is 11/9. The meeting was adjourned 2:40.