DEPARTMENT OF LABOR AND INDUSTRY

Meeting minutes: Medical Services Review Board, Post-traumatic Stress Disorder (PTSD) Workgroup

Date: March 11, 2019
Minutes prepared by: Anita Hess
Location: DLI's Minnesota Room

Attendance

Workgroup members	**Interested parties, guest speakers**
Beth Baker	Mimi Lynn, MCIT
Buck McAlpin	Karen Ebert, MCIT
Elisha Harris	Jonathan White, Corvel
Joseph Schulte	Dr. Chris Erbes, guest speaker
Dan Wolfe	Dr. Paul Arbisi, guest speaker on the phone
DLI staff members	Dr. Abby Morris, guest speaker on the phone
Ernest Lampe	
Chris Leifeld	**MSRB alternate**
Ethan Landy	Kim Olson
Anita Hess	
Lisa Wichterman	
Laura Zajac	

Call to order

- Chairwoman Dr. Beth Baker welcomed attendees to the Medical Services Review Board's (MSRB's) Post-traumatic Stress Disorder (PTSD) Workgroup meeting. Introductions were made around the room. Dr. Paul Arbisi and Dr. Abby Morris are on the phone.

Approval of minutes

- A motion to approve the minutes from the past four PTSD Workgroup meetings was made by Dan Wolfe and seconded by Buck McAlpin. The minutes were from the PTSD Workgroup meetings that occurred Aug. 20, Aug. 29, Sept. 13 and Sept. 26, 2018. The motion carried with no one opposed.

Review of draft rule language

- Laura Zajac reviewed the revisions included in the March 7, 2019, draft of the PTSD treatment parameter rules. Zajac reviewed the changes indicated in red on the handout. She noted the draft now allows more than one psychotherapy treatment modality to be used at a time. Another change was to reference in the language when referrals should be made for psychotherapy or psychiatric care. Zajac explained the draft now includes provisions for motivational interviewing and education about PTSD and its treatment, prior to treatment with trauma-focused psychotherapy. There is also a provision that allows for a patient to use an evidenced-based, trauma-focused psychotherapy treatment modality that is not listed in the rule, with payer or commissioner approval. Documentation requirements have been consolidated into a single subdivision.
- McAlpin made a motion to approve the agenda for today's meeting. It was seconded by Joseph Schulte. The motion carried and no one was opposed.

Comments offered about PTSD

- Dr. Christopher Erbes, Ph.D., LP, of the Minneapolis VA Healthcare System and University of Minnesota Medical School, commented about the draft rules. Erbes stated many of his initial concerns with earlier versions of the draft have been addressed.
- Erbes stated PTSD is highly comorbid with most other disorders, so he asked why only borderline personality disorder was listed as an indication for departure. Panic disorders and other personality disorders are other examples that would impact treatment. Morris agreed and explained that in her work with firefighters she sees a lot of personality disorders and complex or chronic PTSD, which require a longer course of therapy.
- Erbes noted the definition of narrative exposure therapy (NET) is very broad. He suggested citing the APA guidelines, which reference appropriate NET treatment manuals. Zajac said the APA guidelines' appendix defines all of the treatment modalities listed in the draft rule, with the exception of NET.
- Erbes mentioned that after 16 weeks of treatment there is a provision for referral of the patient for psychological testing. He was unclear whether the treating psychologist was permitted to do the testing or whether it must be referred to another provider. Erbes suggested a patient only be permitted to change providers once during the first 60 days of treatment, based on his experience treating patients at the VA.
- Erbes noted the definition of "evidenced based" is defined very broadly. He proposed the workgroup consider language such as "empirically supported treatment" or require "randomized clinical or control trials." Baker agreed the definition is too broad as drafted and suggested "peer reviewed" or "systematic review."
- Arbisi, Ph.D., of the Minneapolis VA Medical Center and University of Minnesota Medical School, commented about the draft rules. He would like the rules to explicitly outline compliance, particularly a patient's failure to complete basic therapeutic interventions. Erbes clarified, and Arbisi agreed, there is a difference between a patient who cannot complete a therapy due to a comorbidity and a patient who won't complete the therapy due to their failure to engage.

- Morris said this draft does not cover outside psychosocial stressors being barriers to treatment. There is no evaluation of the patient's life outside of therapy. There was discussion of whether a patient would be able to begin treatment when the patient has many other stressful issues going on along with PTSD, such as a housing crisis or a divorce. Erbes said that at the VA, certain psychosocial stressors would prevent the patient from receiving trauma-focused therapy until the stressors were resolved. There was discussion about how to handle this issue in the context of workers' compensation.
- Arbisi applauded the workgroup and the care that has gone into this process. He said his only substantive comment is to recommend the reference to the Multiphasic Personality Inventory (MMPI-2) be changed. The MMPI-2 is outdated and the language could be changed to refer to the "current version." The MMPI-3 will likely be out next year, but the MMPI-2-RF is used currently.
- There was discussion about whether the current draft's provisions were appropriate because they relate to a patient who is not compliant with the treatment plan. Erbes said that, in his view, the evaluation after 16 weeks of treatment as provided in the draft is appropriate. A good psychotherapy provider will address noncompliance earlier than 16 weeks.
- Morris, the medical director of the International Association of Fire Fighters Center of Excellence for Behavioral Health Treatment and Recovery, commented about the draft rules. Many of her earlier concerns have been addressed and she stated the hard work put into the draft truly shows. She noted her remaining concern relates to the provisions about medications. She would include clonidine in the same category as prazosin and include beta blockers such as propanolol. Morris would also not start with SSRIs for firefighters due to excessive sweating. The draft is limiting because it requires a patient to have undesirable side effects from the first tier of medications before moving on to the second tier of medications. There was discussion that beta blockers are not mentioned in the APA guidelines.

Workgroup discussion

- The workgroup discussed the most recent draft of the rules, as well as the comments and questions raised by the guest speakers.
- Baker mentioned the Agency for Healthcare Research and Quality came out with a systemic review of PTSD treatment in 2018. The summary was shared with workgroup members before the meeting. Baker noted a combination of cognitive behavioral therapy and exposure therapy was shown to be most effective.
- There was discussion about the definition of "evidence-based" in the current draft and whether it was too broad. "Empirically supported by peer reviewed literature" was put forth as a possibility by the workgroup to be worked into the definition.
- The workgroup expressed the need to clarify that the psychotherapy provider may collaborate with other treating providers to complete work restrictions or other return-to-work documentation.
- Baker proposed mentioning adherence to the treatment plan as part of the biweekly assessment.
- Elisha Harris suggested addressing returning to work in the documentation section.
- Baker thanked the workgroup members for their time and input. The draft will be updated and presented to the full MSRB.

Adjournment

- A motion to adjourn was made by Wolfe and seconded by McAlpin. The meeting adjourned at 6 p.m.