

Meeting minutes: Medical Services Review Board

Date: Jan. 16, 2020

Minutes prepared by: Anita Hess

Location: DLI, Minnesota Room

Attendance

Members present

Beth Baker, chairwoman
Russell Gelfman (phone)
Jeffrey Bonsell
Elisha Harris
Elizabeth Alm
Lisa Hanselman
Bradley Kuzel (phone)
Erica Kuhlmann (phone)
Todd Ginkel
Joseph J. Schulte
Matthew Monsein (phone)
Dan Wolfe
Natalie Haefner

Alternates present

Kimberly Olson
Kevin Scott Wall
Kathleen Gomez
Emily Bannister (phone)
Tammy Bredahl

Alternates absent

Robin Peterson
Courtney Mitchell
Laura Breeher
Keith Johnson

Members absent

Buck McAlpin
Reed Pollack

Staff members present

Roslyn Robertson
Ernest Lampe
Anita Hess
Chris Leifeld
Ann Tart
Lisa Wichterman
Ethan Landy
Kate Berger
Laura Zajac

Visitors present

JoAnn White, CorVel
Ceil Jung, SFM
Aaron Schenck, CorVel

Call to order

The meeting of the Medical Services Review Board (MSRB) was called to order at 4:02 p.m. by Dr. Beth Baker. Baker asked for introductions around the table. On the phone: Erica Kuhlman; Emily Bannister; Russell Gelfman; Matthew Monsein; and Brad Kuzel.

Approval of minutes

Baker confirmed a quorum of members was met. A motion to approve the board's Oct. 10, 2019, meeting minutes was made by Jeff Bonsell and seconded by Todd Ginkel. The board voted all in favor. The motion carried.

Approval of agenda

A motion was made to approve the Oct. 10, 2019 meeting agenda. One addition is that Lisa Wichterman will provide an opioid update. The motion to approve was made by Natalie Haefner and seconded by Dan Wolfe. The board voted all in favor. The motion carried.

Department update

- Deputy Commissioner Roslyn Robertson welcomed new board members Keith Johnson and Tammy Bredahl. Haefner moved from an alternate to a full board member. Robertson thanked the board and emphasized how important stakeholder involvement is by providing their valuable input.
- Safety announcements: Please be safe and plan ahead. The Department of Labor and Industry (DLI) is looking at remodeling the first floor. If there are changes to the Minnesota Room, we will accommodate everyone as necessary.
- Legislative and department updates: DLI has started “Prompt Conversations.” Commissioner Nancy Leppink is encouraging employees to look at challenges that interfere with doing their best work. Managers have engaged staff members to share information, data and technology to do their jobs more efficiently.
- Governor Tim Walz asked us to develop work plans focusing on children and healthy families. Robertson and Leppink hope the best practices that come out of this process will become part of DLI.
- In the 2020 legislative session, Chapter 176 is required to go through the Workers’ Compensation Advisory Council. With the new administration and modernization beginning, the council is coming up with a final bill. Leppink detailed a new direction for the advisory council: It will be more deliberate, meet monthly and invite stakeholders to contribute. Robertson shared a list of proposals for bills that will be presented for a final vote.

Business – Overview of expedited rulemaking process

Ethan Landy, DLI Office of General Counsel, provided an update about the progress of the post-traumatic stress disorder (PTSD) treatment rules. That was published with intent to adopt Nov. 12 to give the public an opportunity to comment. They are moving forward with the expedited process. The rules will be sent to the Office of Administrative Hearings to be reviewed by an administrative law judge. If the rules are approved, they will be published in the *State Register* again. Office of General Counsel is looking at adoption some time in the spring.

Any changes, based on the public comments that came in, would be shared with the board. If there was a change, only the change would have to be published, not the entire document. There would not be another 30-day waiting period.

Business – Changes to opioid statutes, Dr. Ernest Lampe

- Dr. Ernest Lampe presented the *Overview of DHS Opioid Prescribing Guidelines*. These were developed during the past four years. Lampe participated on this committee. This process was set forth in statute; there was a review of claims for medical assistance patients. They developed quality improvement standards, these were divided into acute, post-acute and chronic phases. Vicodin is the most commonly

prescribed; there is an equivalent for percocet and morphine. They examined recommended morphine milligram equivalents (MMEs). The post-acute phase poses the highest risk for addiction.

- The Department of Human Services recommendations are similar to those in our rules for chronic opioid treatment. There is a requirement for a contract with the patient, urine monitoring and a limited number of prescribers.
- Opioid-agreement-plan patient education is already in our rules. All of these rules, changes and guidelines do not affect workers' compensation. This is the most recent information available. They are only for Medical Assistance and Minnesota Care.

Business – Changes to opioid statutes

Wichterman, DLI medical policy specialist, presented DLI Research and Statistics' *Updates on opioid comparison between the Board of Pharmacy and the DLI treatment parameters*.

We don't have anything in our treatment parameters that corresponds with the Board of Pharmacy's time limit for dispensing opioids in our rules.

Wichterman noted that for MMEs in line 80, we have a table that has MMEs naming the lowest clinical effective dose. We don't have anything in acute.

In addition, we don't have the Prescription Monitoring Program (PMP) Project Management Consultant (PMC) in Acute PNP for injured workers. The Board of Pharmacy wants it checked more often. Upper limits need to be looked at.

- Monsein observed legacy patients in acute pain are already taking 100 mg equivalent. These people are on high doses to begin with, then they have surgery. The issue of measuring functional improvement is poorly defined. A prescribing physician may say "it is helping"; you can measure improvement with a functional assessment. With a huge cache of chronic pain patients, you have to ask: "How long have you been on this? How much pain are you in?" Monsein encourages patients to cut back or get off the drugs. Americans consume 85% of the opioids worldwide.
- Lampe observed that we do not want undertreatment of pain. The workers' compensation population is different from the Medicaid population. We have work injuries, trauma. We don't want to get into a chronic zone. We can't try to get them back to work too fast. The longer they are on opioids, the longer the disability and more days are work lost.
- Dr. Kevin Wall noted his patients come out of the emergency room (ER) on drugs and want more. They are out of work. He counsels patients to help themselves get back to work with full function through occupational medicine.
- Bannister asked about acute care patients. At the point when they are treated for chronic pain in workers' compensation, it is not a catastrophic injury, but people coming in who already have chronic pain and are getting treated on top of that. When they exit the workers' compensation system, how do you track that? What scope are we talking about overall? How many people are on opioids?
- Wichterman said that is what the Minnesota Workers' Compensation Insurers Association (MWCIA) is. Everyone would like to see statistics about that.
- Lampe noted, it is important to have all the same kind of standards. One patient in the ER gets a small amount of medication and an injured worker gets a different amount. Would they be treated differently because of insurance?

- Haefner said physicians are following the pharmacy guidelines. It is by statute also. That would be easier than changing the MME.
- Lampe agreed those are rules, not guidelines. We can conform to another statute by reference.
- There was some discussion about insurance companies' standpoint on chronic pain and treatment. For example, the Minnesota Department of Human Services (DHS) does not have attorneys. Workers' compensation is different. If we don't get what we want, workers can go to court at the Office of Administrative Hearings (OAH).
- The biggest problems are chronic patients and legacy. Behavior has to change, focusing on acute behaviors. If patients are noncompliant, we can stop paying. Rather than face that battle, it is cheaper for insurance companies to just give them the medication, rather than go to court. From the insurance standpoint, having clear definitions in efficacy can help.

Business – Work Comp Campus update, Brad Morse

Brad Morse was not in attendance at the meeting.

Future issues to address

- Opioid comparison update – David Berry, DLI Research and Statistics
- Eliminating the barriers toward non-opioid treatment
- Use of alternative medicine
- Injections
- Lower MMEs for chronic pain
- Time limit for dispensing opioids for acute pain
- TBI guidelines

Adjournment: Baker and board

Baker thanked everyone for coming. Bonsell moved to adjourn the meeting. It was seconded by Ginkel. All voted in favor. The motion carried. The meeting adjourned at 6 p.m.

Next meeting dates:

- April 16, 2020;
- July 16, 2020; and
- Oct. 8, 2020.