

Meeting minutes: MSRB PTSD Workgroup

Date: Aug. 20, 2018

Minutes prepared by: Anita Hess

Location: DLI Minnesota Room

Attendance

Workgroup members	Interested parties
Beth Baker	Kim Olson – MSRB RN alternate, Corvel Corporation
Dan Wolfe	
Joseph Shulte	
Brennan McAlpin	
Guests	
DLI staff members	Tiffany Grzybowski (phone) – HealthEast
Anita Hess	Karen Ebert (phone) – MCIT
Ernest Lampe	Sandy Stoddard (phone) – UCWCP
Chris Leifeld	Gary Thaden – MMCA and NECA
Laura Zajac	
Brian Zaidman	

Alexis Russell	
Ethan Landy	

Call to order

Chairwoman Dr. Beth Baker welcomed workgroup members and guests to the first PTSD Workgroup meeting. There was introduction of the members and guests.

Presentation: PTSD – DLI statistics

Brian Zaidman, Department of Labor and Industry's (DLI's) Research and Statistics unit, presented an overview of post-traumatic stress disorder (PTSD) claim statistics, as well as other anxiety and stress disorder claims. Zaidman provided a PowerPoint presentation for the workgroup.

Zaidman said there was very little change in the number of PTSD claims until 2013. The number of claims went up in 2014 after the law changed and PTSD was included as a "mental-mental" injury. Zaidman presented preliminary numbers for 2016 and 2017 that will be updated as additional claims are reported to DLI. The 2013 law change did not affect the number of anxiety and stress disorder claims that were not categorized as PTSD. Under the new law, 37 percent of the PTSD claims filed are receiving indemnity benefits. Most claims are in the protective services occupational group and within the Twin Cities metropolitan area.

Introduction of DLI staff member

Alexis Russell, DLI director of legislative affairs, was introduced to the workgroup. She will be assisting with coordinating DLI's expedited rulemaking process for the PTSD treatment parameter rules. Russell stated the goal is to have draft rules for the full Medical Services Review Board (MSRB) to review by the end of the year. Russell reviewed the purpose of the PTSD Workgroup is to become informed through presentations about PTSD and receive information from PTSD experts in the field. Communications about the PTSD rules drafts should go through Russell and Anita Hess.

Update: PTSD treatment parameter rulemaking process

Laura Zajac reviewed the two pieces of PTSD legislation that passed this session. The first was the "first responder presumption." This is a rebuttable presumption for certain categories of first responders. The law presumes the employees' PTSD is causally related to their work. The effective date for this legislation is Jan. 1, 2019.

Zajac explained that the second piece of PTSD-related legislation directed DLI, in consultation with MSRB, to adopt treatment parameters for PTSD using an expedited rulemaking process. The rules will

establish criteria, standards and procedures for treatment for PTSD. The legislation directs DLI and MSRB to consider the guidance in the American Psychological Association's (APA's) Clinical Practice Guideline for Treatment of PTSD in Adults. DLI is directed to review and update the rules each time APA adopts a significant change to the guideline.

Zajac stated the purpose of the workgroup is to educate ourselves about PTSD treatment, review and comment on draft rules, and – ultimately – refer language to MSRB by the end of the year. Deputy Commissioner Chris Leifeld has reached out to experts and stakeholders for their comments, input, recommendations and suggestions of names of providers with whom DLI should consult. DLI has met with Dr. John Sutherland and Dr. Leesa Scott-Morrow and is in the process of corresponding with other experts. Baker noted MSRB member Dr. Matthew Monsein also recommended DLI consult with psychiatrist Dr. Gould from the Courage Center.

Workgroup discussion

Russell suggested that as the workgroup processes information about PTSD, it could allow experts the opportunity to present in person at workgroup meetings or submit information for the workgroup to review in advance and then participate in the meetings by phone.

Baker recommended workgroup members read the APA clinical guideline. Russell said she would ensure the link to the guideline is sent by email following today's meeting.

Baker requested the workgroup see DLI's draft language as soon as possible, because the language will help them focus when speaking with experts. Zajac responded DLI plans to have draft language for the workgroup to review by their meeting Sept. 26 or, if possible, the meeting Sept. 13. Russell will coordinate passing any subsequent questions the workgroup has to experts for review, if they are not able to attend the later workgroup meetings.

Baker noted the APA document offers a good framework. APA recommends antidepressants and cognitive behavioral therapy. She discussed that the APA guideline identifies critical outcomes, but does not consider return-to-work or return-to-function to be critical outcomes. Dr. Ernest Lampe stated the critical outcomes parallel the DSM-5 criteria.

Lampe relayed information from Sutherland that treatment for PTSD is an acute care situation, where treatment is given for 12 to 16 weeks in a defined program that results in four out of five patients having symptoms resolved at the end of the program. Dan Wolfe requested experts come to present to the workgroup or DLI could prepare a summary of information they have heard from the experts. Wolfe thought the key issues to consider when rule drafting would be dosage and outcome.

Kim Olson suggested that when drafting, DLI follow the format of the opioid treatment parameters. In her practice, she is seeing varied treatment and guidance is needed about who should provide treatment for PTSD. Wolfe asked if it is more difficult to get good care in outstate Minnesota and Olson said yes. Baker mentioned telemedicine as an option and suggested an expert from Veterans Affairs be brought in to address this and other issues.

Olson recommended the treatment parameters be goal-based, similar to sections from the chronic management treatment parameters.

Brennan McAlpin suggested Sutherland be brought in to speak. McAlpin said Sutherland has done a lot with the EMS sector, follows a VA/military model and has reported that up to 93 percent (of patients with PTSD) go back to work. Olson brought up the need for Sutherland to focus on the area of measuring functional progress.

Baker discussed the need to determine what happens at the point where patients switch from acute to chronic care – should there be a second opinion required?

Olson stated the rules should deal with exacerbations.

Baker mentioned that in other treatment parameters, the standard discusses objective symptoms, subjective symptoms and functional improvement. The trouble with PTSD is most of it is subjective. Olson stated we should speak to Sutherland about the objective piece. Zajac shared that from the information provided to DLI so far there is not really an objective measure, but agreed we should keep asking this question of experts.

Baker wondered if treatment ends when the patient no longer meets diagnostic criteria of PTSD. Leifeld stated Sutherland may speak to that because he has had a high rate of cured patients.

Olson stated we need collaborative treatment between patient and treatment provider to determine functional goals.

Leifeld thanked the workgroup for making time for this process and for attending the workgroup meetings in person when possible.

Joseph Schulte asked if the treatment parameters can be adjusted throughout the next year. Leifeld clarified the goal of the workgroup is to get language drafted and recommended to MSRB. Then, the expedited rulemaking process continues. Zajac noted that after we publish for comment in the *State Register*, the rule cannot substantially change or DLI will have to start some of the rulemaking process again. The rules can be revised in the future through another rulemaking process. DLI is directed by the legislation to review the rules if there are significant changes to the APA Clinical Guideline for Treatment of PTSD.

Adjournment

Baker thanked the workgroup and guests for attending. The next workgroup meeting is Aug. 29, noon to 1 p.m.