DEPARTMENT OF LABOR AND INDUSTRY

Meeting minutes: Medical Services Review Board

Date: Jan. 17, 2019
Minutes prepared by: Anita Hess
Location: DLI's Minnesota Room

Attendance

Members present
Beth Baker, chairwoman
Russell Gelfman, vice chairman
Matthew Monsein
Jeffrey Bonsell (phone)
Dan Wolfe (phone)
Buck McAlpin
Lisa Hanselman
Erica Kuhlmann (phone)
Elizabeth Alm
Joseph J. Schulte

Members absent
Reed Pollack
Elisha Harris
Bradley Kuzel

Alternates present
Kimberly Olson
Natalie Haefner
Laura Breeher (phone)

Alternates absent
Robin Peterson
Courtney Mitchell
Daniel Piper

Speaker present
Margaret Gavian

Visitors present
Robyn Sykes
Mimi Lynn
Gary Thaden
Dan Green
Ceil Jung
Chris Parsons
JoAn White
Keith Carban

Staff members present
Anita Hess
Ernest Lampe
Chris Leifeld
Ann Tart
Laura Zajac

Call to order

- The meeting of the Medical Services Review Board (MSRB) was called to order at 4 p.m. by Dr. Beth Baker. Introductions were made. Erica Kuhlman, Dan Wolfe, Laura Breeher and Jeff Bonsell are on the phone. Anita Hess reminded the board members to sign Oath of Office forms and complete the Campaign Finance Statement of Economic Interest.

Approval of minutes

- A motion to approve the November special-meeting minutes was made by Elizabeth Alm and seconded by Buck McAlpin. The board voted all in favor. The motion carried.

Approval of agenda

- Laura Zajac informed the board Dr. Christopher Erbes, a psychologist and representative of the Minnesota Psychological Association (MPA), was unable to attend today's meeting but would like to attend the next meeting.
- A motion to approve the Jan. 17, 2019, agenda was made by Russell Gelfman and seconded by Kimberly Olson. The board voted all in favor. The motion carried.

DLI announcements and update: Deputy Commissioner Chris Leifeld

- The Department of Labor and Industry's (DLI's) acting commissioner is Kristin Batson. Commissioner-designee Nancy Leppink arrives full-time at the department March 4.
- Leifeld gave a brief legislative update related to the Workers' Compensation Modernization Program (WCMP). The department is proposing statutory changes to accommodate the new technology and is seeking $3 million to bring the project to completion in July 2020.
- Leifeld introduced Brad Morse, WCMP program director. Morse said WCMP has started development. The first code has been written and is being tested by DLI staff members. The goal is that everyone finds the system intuitive and that it is easy to use for injured workers and everyone else using the system.

Business: Treatment of post-traumatic stress disorder (PTSD)

Update about DLI's rule-drafting process – Chris Leifeld

- Alexis Russell, DLI's former director of government affairs, has moved on to the Department of Human Services. Kate Perushek is DLI's new director of government affairs.
- Regarding the draft PTSD treatment parameter rules, Leifeld stated the intent was to have a PTSD workgroup meeting in December, but that did not occur due to scheduling. DLI has been reaching out to police, fire and AFL-CIO representatives. It is critical we move timely on the rules, but also that full input is received. Leifeld will be in touch with Dennis Flaherty, executive director of the Minnesota Police and Peace Officers Association (MPPOA), and Brad Lehto, of the AFL-CIO, regarding the drafted language.
- Baker suggested a PTSD workgroup meeting be scheduled in March and Leifeld agreed.

Comments offered – Margaret Gavian, Ph.D., LP, North Memorial

- Gavian explained she is a licensed psychologist and medically directs the emotional trauma arm of the Minnesota Fire Initiative. PTSD is the focus of her career and she has worked in war and disaster zones through Veterans Affairs (VA) and nonprofit organizations. She has a private practice, is an instructor of stress and trauma-related courses at the University of Minnesota, and is also practicing at North Memorial.

  One of Gavian's concerns for first responders is the amount of providers who are culturally competent to deliver services to this population and who are aware of first responders' specific lifestyle components. The symptomology is the same for first responders as for other patients, but treating PTSD is more complicated for first responders because of shift schedules and sleep deprivation exacerbating symptoms. She is working on developing training for mental health providers about the culture of being a first responder.

She stated there are only a handful of providers in the metro area that can deliver services in line with the draft treatment rules. There is a serious access problem in Greater Minnesota. Gavian stated the APA and National Center for PTSD guidelines were never designed to be standards of care. They are guidelines to help clinicians think about what they are doing and what best practices are. But in reality, that is not what is happening. She is concerned first responders will not be able to find care that conforms to the guidelines. At Hennepin County Medical Center, there are maybe three providers who could provide this type of care. At North Memorial, there are probably five such providers. Minnesota Fire Initiative is a brand-new organization that is working on identifying trusted providers.

- Dr. Ernest Lampe asked about what cultural characteristics are unique to first responders. Gavian explained first responders witness a unique amount of horror, death and destruction. They see all these things all the time, multiple times a week. For example, dead and abused children, and families burned to death. It's like being a combat solider, but occurring every day and without the resources available for combat soldiers. The lifestyle is similar to a military or paramilitary culture; the norm is to be quiet about PTSD and not talk about it. First responders don't ask for help. They are mission driven, they love what they do and they are driven to serve the community. They see trauma all the time and just keep going. As a consequence, they have astronomically high divorce, substance abuse and suicide rates. If they say they have a problem, they may be taken off the job. Often, first responders say providers don't understand what they have seen and make it hard for them to connect.
- Olson asked if they could get a list of appropriate providers who can treat first responders with PTSD that could be published on the website. Olson is concerned that many injured workers are not currently receiving appropriate care for PTSD and stated that the goal of the draft rules is to ensure they get appropriate care.
- Wolfe asked for specific criticisms of the rules as drafted. Gavian would recommend more flexibility in terms of timeframes and comorbidities, because she has never seen someone with just PTSD. PTSD exists with comorbid depression, substance abuse and anxiety. Treating PTSD can be time limited, but 16 to 17 weeks is probably not realistic because of relapses. She recommends evidenced-based care when possible, but language that would allow for more clinician judgment and patient needs. There are more cutting-edge modalities, so flexibility around modalities needs to be accounted for.
- Zajac asked if there were any specific modalities that need to be added and, in particular, asked about group therapy. Gavian said group therapy has been found to be effective. She said the draft rules don't account for the need for a patient to be hospitalized if they are suicidal. People don't ask for help until it's a crisis, because it is hard for them to overcome the stigma. North Memorial has a group therapy program that is three hours a day, four days a week. The draft rules only account for individual therapy. Some people with significant trauma histories are not ready to dive into a manualized treatment protocol for 16 weeks – they need to address other issues first.
- Baker noted ACOM has PTSD guidelines that just came out in December. New therapies are listed, along with cognitive and virtual reality exposure therapy that can be very helpful, but they are not in our guidelines. We have four-year-old data when we apply the APA guidelines.
- Lampe asked what preventive measures employers provide so workers can recognize what is happening. He asked about periods of decompression or group therapy to treat this as an ongoing risk. Gavian said employers are not providing any prevention, but that is changing. The Minnesota Fire initiative provides grants for mental health awareness training. But that's up to the leadership to decide and they sometimes are not interested. She wants to help people sooner, but it depends on the culture of the employer. The cost of prevention is small compared to the cost of the training for onboarding a new firefighter. It may be $100,000 lost when the firefighter is not working, plus treatment costs. Treatment costs are relatively

minimal compared to the cost of a first responder not working. The more trauma a first responder sees, the more at risk they are for PTSD.

- Olson asked whether it made sense to have multiple providers treating a patient for PTSD versus one primary provider using multiple modalities. Gavian said she is hesitant to spell that out in the guidelines. Her general recommendation is to set some time limits – six months to a year – and have some requirements for providers to report outcomes. Standardized measurements are rare in the community unless the clinician was raised in the VA culture. Gavian recommends loosening how outcomes are measured and then re-evaluating after a year of treatment.
- Baker asked whether there is a good way to define who is an appropriately trained provider; Gavian said there is not. Natalie Haefner asked if there are any peer-review programs that might be helpful if a patient is not improving. Gavian said that infrastructure does not currently exist.
- Gavian expressed concern about the return-to-work focus of the draft rules, because her role as a psychologist would normally be to make sure the patient is feeling better and not focusing on returning to work. Work restrictions would typically be done by a psychiatrist or a family practice doctor. Haefner noted that in the workers' compensation system, we would look for the specialist to given input regarding returning to work. Laura Breeher said in her experience co-management works well, with PTSD specialists working in conjunction with occupational medicine providers. Zajac asked about return-to-work elements as part of a treatment plan. Gavian stated returning to work would become part of a treatment plan if that is one of the patient's goals.

Review of comments offered by MPA and department responses – Laura Zajac

Board discussion of draft rules for treatment of PTSD

Zajac reviewed the changes and corrections made to the treatment parameters as indicated in the handout.

She summarized comments received from MPA by theme. The first concern from MPA was appropriately defining the treatment modalities, since some of the modalities are broad approaches and others are specific, manualized modalities. Its second concern was the draft rules prohibit use of the modalities concurrently. Baker commented 16 weeks with only one modality does not make sense, if that modality is not working. We need to allow for some variability. Olson noted EMDR includes cognitive behavioral therapy; it is a blended approach. Haefner pointed out this is not common knowledge for an insurance adjuster. There was group discussion about the need for providers to be able to choose or blend the permitted modalities.

There was board discussion about the role of assessment in the context of PTSD treatment about what functional outcomes are appropriate. Gelfman discussed the importance of determining treatment goals collaboratively with the patient as part of the treatment plan, including, for example, interaction with the patient's environment. The board considered the draft language regarding returning to work and whether it was adequately flexible.

Olson and Baker suggested, and the board discussed, broadening the modality language to allow for unknown treatment modalities that are medically accepted and supported by peer-reviewed scientific literature. Zajac noted MPA also raised this concern and recommended a "catch all" to allow providers to use unlisted treatment modalities in certain circumstances.

Zajac said MPA was concerned the draft rules did not adequately address comorbidities. Matthew Monsein mentioned substance abuse is a difficult issue to deal with, both in the context of physical injuries and PTSD.

Adjournment: Baker and board

- The PTSD Workgroup will meet in March. Leifeld, Zajac and Lampe will line up speakers to address the workgroup. Hess will poll the workgroup regarding dates.
- Baker thanked everyone for coming. Haefner moved to adjourn the meeting, which was seconded by McAlpin. All voted in favor and the motion carried. The meeting adjourned at 5:55 p.m.

Next meeting dates

- April 18, 2019
- July 18, 2019
- Oct. 10, 2019