



Meeting Notes: May 20, 2005

Members Present: Ron Bowman, M.D., Chair; Hans Carlson, M.D.; Pam DeVisser, F.N.P. Brad Lorber, M.D.; Frank Prideaux, D.C.; Gary Rischitelli, M.D. LNW; Tom Williams, P.T.; Frank Wong, M.D.

Members Absent: Tim Keenan, M.D., Vice-chair; Linda Jefferson CPDM, City of Portland; Maria Carraher; Linda Olsen, SAIF;

WCD committee staff present: Kevin Willingham, Debra Buchanan, Fred Bruyns, Nancy Bieber

Dr. Bowman called the meeting to order and asked members and guests to introduce themselves.

Prior minutes were approved.

RS4I Presentation by RS Medical: Susan Kazee RN. (In response to LNW's petition) Ms. Kazee gave a presentation on the RS4I. She discussed the history and usage. Primarily it's for home use and about half of the patients are injured workers. Nationally they have about 9000 new patients start using it a month, with thousands of physicians prescribing. Commonly used in physical therapy and chiropractic environments. It is unique in its usage of both muscle and interferential stimulation from the same device. She stated there is significant demand for the product.

Ms. Kazee explained the history and background of the product, including FDA approval and the difference in their product of the 4 lead wires vs. the 2 in other products. She presented a packet of information including various studies. She believes that all studies done on one of the modalities separately pertains to their product, which is a combination of 2 modalities. She also described the methodology and actions of the product.

Ms. Kazee believes that the RS4I is not experimental, outmoded or unproven or unscientific based. She was concerned that some payers create their own definitions of "investigational". She was not sure what that meant and whether or not it was consistent between payers.

When asked if physicians receive any kind of "kick back" from the company for utilizing the product, she responded in the negative. She noted her company has pricing agreements with providers, with a list process for renting of \$250 mo, purchase at about \$2495, with a 30% variance. A TENS unit runs about \$50-\$90 month to rent. However, Ms. Kazee believes less use and cost of pain medications, home use vs. office visits, and quicker return to work offset the price.

There was a question asked about template letters the insurance company receives. Concerned about case specifics being left out. Ms. Kazee discussed the need to get information from the patient. However, she felt that providers should use the template but should add claim/worker specifics to them.

Another question was regarding what happens when the patient does not return the unit. From Ms Kazee's perspective she felt that workers must have an active prescription and if not they will contact the worker and ask

for the product back. The company will bill the WC payer on the worker's behalf, but they do not bill injured workers. Average length of use, according to Ms Kazee, is about three months.

Dr. Saks presented to the committee his personal clinical experience with using the product and its effectiveness. He did not bring scientific data to support his perspective but only his assessment of the efficacy of the device as seen in his patients. He likes the fact that the patients can get more treatments, and have them at home rather than an office visit. He used to use HVG units, but found patient compliance poor because it had to be used 4-5 times a day. With the RS4I the compliance rate went up. In addition, he found that being able to treat more areas of the body at the same time very beneficial. In the TENS and other modalities you have to move the electrodes to various body parts, which extends the time at each setting. He likes the template language in the letters because it helps him process a large number of patients and their paperwork quickly; utilizing similar language where symptoms are similar modified as needed with case by case specifics. Ultimately, the machine has proven so effective he has moved to using it solely for patients who need this type of modality. When questioned about objective measures of improvement, Dr. Saks noted he looks at muscle spasm, tenderness, range of motion, etc. Dr. Saks noted that he has not received any remuneration for using the device, although he was reimbursed for his time this morning.

Dr. Puziss presented to the committee his view and experience with the device and its efficacy. He has used the TENS and IFS and found them effective. The patient response to the newer device was like "night and day". He has found the cost reasonable because of the reduced physical therapy visits, reduced use of narcotic medications, reduced time loss, and the worker returns to heavier work earlier. He finds the device very easy to use. And in fact, has used it personally with very good results. Dr. Puziss responded to the question that he did not receive any remuneration for utilizing the product, however, he was reimbursed for his time here this morning.

The committee discussed the product and presentations. There was confusion on what exactly LNW's petition encompassed- all interferential stimulation or just the RS4I. There was discussion on any differences in the efficacy depending on whether the treatment was in the home or office. Some expressed concern about delving into the reimbursement piece of the issue rather than just what the committee is charged with reviewing in the statute. Other resources were considered, i.e., OHSU, the State Library, etc.

Ultimately, the committee decided to do more research:

- whether or not IFS is unproven. Review literature.
- are there studies that show outcomes of the combined modalities?
- is there a difference in efficacy between home and office use
- Clarify scope of LNW's petition
- Review the weight of evidence regarding electrical modalities. Is one superior?

ACI discussion: deferred

Update on the Medical Quality Initiative: Barry Jones, WCD

Mr. Jones updated the committee on where the MQI was currently. Meetings are being planned and scheduled in various places in the state for stakeholder meetings: Bend, Eugene, Medford, Portland, Salem and possibly on the coast. Dr. Wong would like for the Department to give the committee a breakdown of the medical costs. What are the drivers? Mr. Jones will get that information to the committee. He also invited those present to recommend and share names of people from the community that should be invited to the stakeholder meetings.

To Do: Dr. Wong would like for the Department to give the committee a breakdown of the medical costs. What are the drivers? Mr. Jones will get that information to the committee