I, Ingrid Pederson, hereby declare that the content for this activity, including any presentation of therapeutic options, is well balanced, unbiased, and to the extent possible, evidence based.

I have no financial relationships with commercial entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients relevant to the content I am planning, developing, presenting, or evaluating.
Agenda

- Methodology in the Development of Official Disability Guidelines (ODG)
- Demonstration of ODG on the Web
- Discussion of Outcomes in States that Adopted EBM
- Conclusion
- Question / Answer

ODG Development and Update Process

- Based on a rigorous and ongoing medical literature review
- Preference given to High Quality Systematic Reviews, Meta-Analyses, and Clinical Trials published since 1993
- Primary Searches include MEDLINE and the Cochrane Library
- Extensive Search of Additional Data Bases: MD Consult, eMedicine, CINAHL
- Nationally Recognized Treatment Guidelines from Leading Specialty Societies

- All Evidence Ranked Alpha-Numerically
- Ranking Determines how much impact the study has on the Treatment Recommendation
- Numbers Indicate Type of Evidence- 11 types of evidence considered
- Letters Indicate Quality of Evidence- a, b, c
- Best Evidence would be 1a : High Quality Systematic Review
**ODG Development and Update Process**

- All evidence based conclusions are reviewed by an 100 member advisory board
  - Independent, multi-disciplinary
  - Represent all medical specialties
  - Plays an integral role in the updating process

**Demonstration of ODG on the Web**

- [Image of ODG booklets]

**State Outcomes: California**

- Major California reforms from SB 228 (2003) includes adopting ACOEM Guidelines to be included in the MTUS (Medical Treatment Utilization Schedule)
  - Objective to “require doctors (in the workers’ comp system) to comply with evidence-based medical treatment”
  - Primary users turned out to be payers and URO’s
  - Medical costs and insurance premiums come down, but UR costs as a component of medical more than double
Ohio BWC, monopoly state fund, adopts ODG statewide November 2003, uses "current version"

Diagnosis Related Authorization Pilot in 2005 by CompManagement, Inc.

What kind of impact did this have on outcomes?

Medical costs reduced 64%, lost days reduced 69%
Treatment delay reduced 77% (#1 benefit - early access to quality care for injured workers)

Ohio BWC Official Disability Guidelines Diagnosis Related Authorization Pilot. Average Lost Days and Average Medical Costs per Diagnosis (CompManagement, Inc. 07/22/05)

<table>
<thead>
<tr>
<th></th>
<th>Med. Costs</th>
<th>Lost Days</th>
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<tbody>
<tr>
<td>Pre-ODG</td>
<td>$7,298,522</td>
<td>116,729</td>
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<tr>
<td>Post-ODG</td>
<td>$2,655,338</td>
<td>36,143</td>
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<tr>
<td>Savings</td>
<td>64%</td>
<td>69%</td>
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</tbody>
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EBM works not only in ensuring right treatments get approved, but in reducing treatment delay

Putting the treatment guidelines in the hands of providers using the concept of prior authorization can have an even more dramatic impact

UR (backend) vs. clinical practice (frontend)
EBM Curbing Opioid Crisis

- June 2013 WLID Releases Opioid Outreach Flyer
- Aims at Educating Providers
- 90% of Opioid Misuse is Opioids prescribed to patients and distributed to non-patients
- EBM through Provider Education is the way to Curb Opioid crisis

Conclusions

- Evidence Based Medicine must adhere to strict principles in the development process to truly be "Evidence Based"
- EBM can improve outcomes
- Provider education is key to curbing the pain medication crisis