

It's BIZARRO WORLD II The Case of the AMA Guides



BIZARRO WORLD

a world which is weirdly
inverted or the opposite of
expectations

In BIZARRO WORLD

- Up means down
- Hello means goodbye

Why do we need to assess psychiatric impairment?

- Statutory schemes need percentage impairment for physical or mental injury as a:
 - Threshold trigger
 - Means for determining level of benefits
- A reliable means of measuring psychiatric percentage impairment is critical for users, tribunals and claimants.
- If there is no reliable method then psychiatric injury may be excluded from statutory schemes. This has happened in NZ and in SA for WorkCover lump sum benefits
 - due to prejudice and fears of cheating
 - Potential cost blowouts

Any sensible method of measuring psychiatric impairment

Must

- Appear to measure impairment
- Be based on the MSE
- Be easily and rapidly administered
- Produces a percentage score
- Reliable; different examiners produce similar results
- Equitable – seems fair and not designed to force claimants below a threshold.
- Defensible in court and tribunal settings
 - Impairment: reduction or loss of a physical/mental function and is determined by clinicians
 - Disability: reduction in ability arising from an impairment and is determined by the courts

Problems with measuring psychiatric impairment

- No 'gold standard'
- Blurring of impairment and disability
- Relies on self-reporting
- Overlap between neurological injury and psychiatric injury
- Pain disorders
- and-

**any guide is built on shifting sands:
an inherent absurdity - collapsing complex
behaviour into a single number**



In the Beginning

- In the beginning was the word (John 1:1)
- The word was – The Victorian Accident Compensation Act 1985 that specified use of the American Medical Guides to the Evaluation of Permanent Impairment 2nd Edition, Chapter 12 Mental and Behavioral Disorders Table 1

Guides to the

Evaluation
of
**Permanent
Impairment**

2nd Edition



EVALUATION OF PSYCHIATRIC IMPAIRMENT

Class of Impairment	1	2	3	4	5
Percentage of Impairment	0% to 5%	10% to 20%	25% to 50%	55% to 75%	over 75%
MENTAL STATUS					
Intelligence	Normal or better	Mildly Retarded	Moderately Mildly Retarded	Moderately Severely Retarded	Severely Retarded
Thinking	No Deficit	Slight Deficit	Moderate Deficit	Moderately Severe Deficit	Severe Deficit
Perception	No Deficit	Slight Deficit	Moderate Deficit	Moderately Severe Deficit	Severe Deficit
Judgment	No Deficit	Slight Deficit	Moderate Deficit	Moderately Severe Deficit	Severe Deficit
Affect	Normal	Slight Problem	Moderate Problem	Moderately Severe Problem	Severe Problem
Behavior	Normal	Slight Problem	Moderate Problem	Moderately Severe Problem	Severe Problem
ACTIVITIES OF DAILY LIVING					
Ability	Self-sufficient	Needs Minor Help	Needs Regular Help	Needs Major Help	Quite Helpless
REHABILITATION OR TREATMENT POTENTIAL					
Potential	Excellent	Good	Good for Partial Restoration	Condition Static	Condition Will Worsen

Advantages of AMA 2

- Measures impairment (mainly)
- Relies on mental state examination
- Easily administered, doesn't rely on questionnaire
- Gives a percentage score

- Excitement reigned – but!

Disadvantages of AMA2

- **Ability** is a measure of disability, **Potential** is crystal ball gazing
- No definitions of functions and no descriptors provided
- No method of combining scores
- Some classes too large e.g. Class 3 25-50%
- No reliability - scores ranged from 5%-60% for the same person

Disappointment!

The Remedy –The User's Manual (1994)

- Gave definitions
- Descriptors
- Median method for combining scores

The Result

- Reliability and consistency emerged
- Courts accepted psychiatric impairment assessments
- Still some concerns about reliability of low impairments
- Peace returned, we all gave a collective sigh of relief.

DISASTER!!!

- Our peaceful tranquil existence was shattered in 1997 by the dark force – enter

- **Bizarro World!**

AMA 4

- AMA 4 was first published in 1994 but did not appear on the horizon until 1997 when the Victorian Government legislated to replace AMA 2 with AMA4

American Medical Association
Physicians dedicated to the health of America



Guides to the Evaluation of Permanent Impairment

Fourth Edition

In Bizarro World

**The Guides to Permanent
Impairment
becomes!!**



- **Permanent
Impairment
to the Guides**

- Let me explain – exhibit 1

Chapter 14 Mental and Behavioral Disorders

Table. Classification of Impairments Due to Mental and Behavioral Disorders.

Area or aspect of functioning	Class 1: No impairment	Class 2: Mild impairment	Class 3: Moderate impairment	Class 4: Marked impairment	Class 5: Extreme impairment
Activities of daily living Social functioning Concentration Adaptation	No impairment is noted	Impairment levels are compatible with <i>most</i> useful functioning	Impairment levels are compatible with <i>some</i> , but not all, useful functioning	Impairment levels <i>significantly impede</i> useful functioning	<i>Impairment levels preclude</i> useful functioning

The Bizarro World Solution

Measure disability not impairment

- 3 of the 4 functions are measures of disability, not impairment
 - activities of daily living
 - social functioning
 - Adaptation
- Have no method for combining scores

But even more— In a stroke
of Genius

with astonishing audacity

**Dump
Percentages**

The Bizarro World Reasons

1. no precise measures of impairment in mental disorders.
2. percentages implies a certainty that does not exist
3. likely to be used inflexibly by adjudicators
4. No data exist that shows the reliability of the impairment percentages
5. But most clever of all

It would be difficult for Guides users to defend their use in administrative hearings.

This is really the master stroke. *Bizarro World* is telling everyone its all rubbish, We, the main authorities are saying percentages are shit!!!

Don't even bother.

So how does AMA4 rate as a permanent impairment to the Guides?

- Does it avoid measuring impairment: YES
- Easily and rapidly administered?- NO
- Makes impossible a percentage score? YES
- Reliable?- IMPOSSIBLE
- Equitable - NO

Bizarro World success

Result

- In the real world the AMA Guides chapter on mental and behavioural disorders was unusable.
- We all had to scramble to produce something workable.
- The alternative was that psychiatric injury would not be compensated, not a real world option.

The Consequences

- Victoria ignored **Bizarro World** excised Chapter 14, updated the User's manual to AMA2 producing The Clinical Guidelines to the Rating of Psychiatric Impairment (1997); now the Guide to the Evaluation of Psychiatric Impairment for Clinicians , the GEPIC(2006)
- New South Wales stuck with **Bizarro World** , removed Chapter 14 developed the PIRS based on Chapter 14 but added descriptors, percentages and the median method.
- New Zealand ACC User Handbook to AMA4 published July 2002 did likewise but with different descriptors and percentage ranges and no combining method.
- (The ComCare Guides and the GARP avoided the mess)

The real world fights back

overview of the GEPIC, PIRS and NZ ACC Guide

Class	I	II	III	IV	V
GEPIC	Normal to slight 0-5%	Mild 10-20%	Moderate 25-50%	Mod.Severe 55-75%	Severe >75%
PIRS	No/ minor 0-3%	Mild 4-10%	Moderate 11-30%	Severe 31-60%	Total 61-100%
NZ ACC	Nil/minimal 0-9%	Mild 10-35%	Moderate 36-60%	Marked 61-79%	Extreme 80-100%

Comparison of Functions: PIRS, NZ ACC Guides & AMA4

AMA 4 & 5	ADLs* Self care & personal hygiene, communication, physical activity, sensory function, travel, sexual function, sleep, social & recreational activities	Social Functioning To interact appropriately and communicate effectively with others	Concentration, Persistence and Pace	Deterioration in Work Deterioration or de-compensation in work or work-like settings
PIRS	ADLs Self care, Personal Hygiene, Travel, Social & Recreational Activities	Social Functioning	Concentration, Persistence & Pace	Employability
NZ ACC	ADLs Cooking, holding job, run household, relationships, travel, recreation, fear leaving home	Social Functioning	Concentration, Persistence and Pace	Adaptation/ decompensation

Producing Whole Person Impairment

GEPIC

6 classes, get Median (middle number) class \Rightarrow level of severity in that class (Fine tune using low, mid and high range \Rightarrow Whole person impairment .

PIRS

Median class \Rightarrow aggregate scores from the 6 classes \Rightarrow use conversion table relating median class to aggregate score = WPI

e.g. 2 2 2 2 2 2 =12 Median class 2 \Rightarrow WPI= 6%

NZ ACC

Figures from 4 categories NOT added, averaged or combined. Figures assist with clinical judgement \Rightarrow WPI Final WPI not expected to be less than lowest figure or higher than the highest figure.

The assessor is instructed to - **Always justify the final WPI Rating!**

Problems with GEPIC

GEPIC –

- Class 3 - 25-50% - too large
- Vague at low levels of impairment

Problems with PIRS

(Silk PIRS from sow's ear?)

- Forced to measure disability rather than impairment.
- No other descriptors allowed
- **Bizarro World fought back**
- Established the ePIRS website where you can try different combinations to get the best score
- Established a Combining table

The Combining Table in PIRS

- inequitable
- e.g. sum of classes = 12 Class 1=2% Class 2=6%
 - 13 Class 1=3% Class 2=7% Class 3=11%
- Class 2 is 4-10%
- If a claimant scores 222222 and may be at the top of the class for each category nevertheless this totals 12 and the score is 6%
- To get 10%, the claimant has to score 222255=18 =10%
- **Brilliant move!**

Comparison of methods for the assessment of psychiatric impairment within Australia

Jurisdiction	Workers compensation or pension	Motor accidents
Comcare and Seacare	Comcare guide (not based on AMA Guides)	Not applicable
Social security	Schedule in Social Security Act	Not applicable
Veterans benefits	Guide assessment of rates of veteran's pensions 5th edition (not based on AMA Guides based)	Not applicable

Jurisdiction	Workers compensation or pension	Motor accidents
New South Wales	PIRS threshold of 15% primary	PIRS threshold of >10% part CTP (compulsary third party)
Queensland	Assessed by medical assessment tribunal PIRS leads to ISV:11-30 = 11-40	PIRS -no specific threshold CTP
South Australia	psychiatric impairment excluded AMA5 for others	GEPIC with ISV (Injury scale values)
Tasmania	PIRS 10% threshold	No prescribed methodology CTP
Victoria	GEPIC 30% threshold	GEPIC 10% threshold

Jurisdiction	Workers compensation or pension	Motor accidents
Western Australia	WA WorkCover Guide (adapted from the NSW WorkCover Guides) 15% threshold	No prescribed methodology for impairment rating. Minimal threshold for pain & suffering of \$18000
Australian Capital Territory	Table of maims (does not include psychiatric impairment)	No prescribed methodology
Northern Territory	AMA 4 5% threshold	AMA 6 5% threshold

Lets pause for breath

- Despite the best efforts of **Bizarro World** we slowly and painfully cobbled together something from the wreckage, it was making sausages. But it worked



Bizarro World struck back with:

- **The American Medical Association
Guides to the Evaluation of Permanent
Impairment 6th Edition**

OR

As I prefer to call it

**The Permanent Impairment to the Guides
6th edition.**

This is diabolical, it has a scientific patina and appears to
produce sensible percentages

How did they do it?



Illustration by Jim Paillot

Bizarro World III

the method

- You want something 'scientific' - sure.
- You want percentages, sure.
- You take the Brief Psychiatric Rating Scale
BPRS, the GAF and a modified PIRS
- -stir
- Let's have a look

Brief Psychiatric Rating Scale

- BPRS – 24 items rated from 1-7 given one off.
- Sounds good - valid testing of treatment effect over time. But not one off and not when **Bizarro World** dumps an arbitrary percentage rating on the one off score (with a maximum score of only 50%.

Global Assessment of Function Scale (GAF) from DSM IV-TR

I'll just quote the following

AMA6 reasons for using the GAF:

- The GAF has inter-rater reliability
- Widely used in clinical practice and hundreds of research studies
- Limitation combining functional and symptom severity into one scale.
- Remedied by also using the BPRS

DSM 5 reasons for dropping the GAF

- Conceptual lack of clarity: symptoms, suicide risk and disability combined
- Questionable psychometrics in clinical practice

GAF 2

- Plus **Bizarro World** has dumped an arbitrary percentage on the GAF
- **e.g. 31-40** *Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood. = 20%*

PIRS in AMA6

- Modified, add 2 middle class numbers
- e.g 1 1 2 2 3 3 : 2 middle numbers = $2+2 = 4$
- Arbitrary percentages applied to those numbers so $4 = 10\%$

FINAL WPI for AMA6

- Line up the 3 percentages from the BPRS, the GAF and the PIRS in order
- **Voila – the middle number is the WPI**

and by the way

- These diagnoses do not count in AMA 6!
 - adjustment disorders
 - somatoform disorders
 - dissociative disorders
 - personality disorders
 - psychosexual disorders
 - factitious disorders
 - substance use disorders (affective or other mental disorders due to substance-abuse are **not** rated)
 - sleep disorders (covered in chapter 13)
 - dementia and delirium (chapter 13)
 - mental retardation
 - psychiatric manifestations of traumatic brain injury (chapter 13)

So how does AMA6 rate as a permanent impairment to the Guides?

- measures impairment? –ONLY PARTIALLY
- easily and rapidly administered? NO
- Can a percentage figure emerge? YES
- Reliable;? – NOT SURE
- Equitable? NO
- Defensible in court and tribunal settings- YES
- Does it seem to do the job – YES
- Is **Bizarro World** winning? Maybe

How do we fight back?

- Expose the failings of the AMA6
- Get an interested academic department to objectively assess various methods (a faint hope despite the millions involved)
- Become our own experts

A Way Forward

- **Ignore Bizarro World**
- A new method :
 - based on the MSE
 - derived from the clinical interview
 - not based on a questionnaire
 - not able to be gamed
 - good definitions and descriptors that are not rigidly prescriptive
 - equitable
 - reasonable class range
 - a good method for combining classes
 - reliable

a suggestion

- Lost patience with ‘experts’ from **Bizarro World**
- Maybe those of us who have a great deal of experience should act.
- No academic departments are interested apart from self interest
- SO, I have written a guide called the **RAPID (Rating of Psychiatric Impairment Derived from the Mental State Examination)** that endeavours to meet these criteria. It can be viewed on the website
- www.civilforensicpsychiatry.com.au
- where this paper will also be posted.