

MINUTES

Evidence-based Guidelines Subcommittee

Meridian Park Hospital
Community Health Education Center, Room 117 B&C
19300 SW 65th Avenue, Tualatin, OR 97062
May 3, 2012
2:00pm - 5:00pm

Members Present: Steve Marks, MD, Vice-Chair Presiding; Wiley Chan, MD, Chair; Vern Saboe, DC; Beth Westbrook, PsyD; Irene Crosswell, RPh; Leda Garside, RN (arrived after roll call); Som Saha, MD, MPH (arrived after roll call).

Members Absent: Eric Stecker, MD.

Staff Present: Darren Coffman; Cat Livingston, MD, MPH; Dave Lenar.

Also Attending: Alison Little, MD and Shannon Vandegriff (CEbP); Jessie Little (ASU); Paul Nielsen (MedImmune); Kathy Kirk (OPMC).

CALL TO ORDER

Steve Marks called the meeting of the Evidence-based Guideline Subcommittee (EbGS) to order at 2:12 pm (after quorum achieved) and updated the agenda. Marks indicated a topic slated for today's discussion - nonpharmacologic interventions for treatment-resistant depression - will be addressed at the June meeting. In addition, some topics listed for next month's discussion, 1) early childhood caries treatment: stainless steel crowns vs other, 2) laser based treatment of venous disease and 3) evaluation and management of low backpain – pharmacologic interventions, will not be discussed in June.

REVIEW OF MARCH MINUTES

Motion: Approve minutes as written. Motion carries: 5-0 (Absent – Garside, Saha).

DIRECTOR UPDATES

Darren Coffman presented a revised [coverage guidance process](#). The new trusted sources that have been approved by HERC were reviewed. If possible, topics with public reports will be prioritized higher. The 30-day posting process was reviewed, as well as the 2-month time span between meetings the 30-day posting requires, so that public comment can be brought back to the subcommittee to review. Coffman reviewed the process for responding to studies that are submitted as part of public comment.

Coffman discussed the overall timeline of subcommittee's work. This subcommittee will now meet every other month. This new schedule will allow us to discuss topics continuously between meetings, incorporating a 30-day comment period. Meetings will be held in August, October and December. The September and November meetings are cancelled.

REVIEW OF THE PERCUTANEOUS INTERVENTIONS FOR LOW BACK PAIN GUIDELINE

Alison Little reviewed major points of the draft guideline included in the meeting materials ([pages 25-47](#)). There was no discussion.

Motion: To approve the guideline as written. Motion carries: 7-0

COVERAGE GUIDANCE PUBLIC COMMENT:

Nonpharmacological Treatments of Low Back Pain

Marks began a discussion about the approach to the public comment process. Wiley Chan mentioned it would be interesting to know why seemingly strong studies were rejected by trusted sources if it were easily identifiable. Som Saha affirmed the importance of not dismissing concerns about excluded studies. However, it was noted the HERC process is about evaluating guidelines that are already determined to be of high quality. The members agreed the trusted sources accomplish their work through a very well accepted method. If interested parties have a problem with how the guideline is developed, that should be addressed with the guideline makers themselves; there are not the resources nor is it efficient for the EbGS or staff to dig into primary sources. Knowledge of which specific studies have been used and cited is clearly listed and readily available.

There was a discussion about the role of the subcommittee in evaluating evidence excluded from the source report. The members agree if the studies have already been considered by a trusted source, the subcommittee will not evaluate further details about those studies. Further, if the evidence is already examined by a systematic review and/or trusted source, the Center for Evidence-based Policy (CEbP) does not need to reevaluate. If there is a review of systematic reviews, no searching is necessary. If source document has references included, then CEbP will check to see if those studies were included or excluded. HERC policy is to use systematic reviews or highly quality guidelines and to re-evaluate studies previously assessed for inclusion or exclusion by the systematic review is not warranted.

Little reviewed the public comments ([pages 62-70](#)) and the [CeBP's recommended responses](#). No changes were recommended to be made to the draft coverage guidance on Low Back Pain: Non-Pharmacologic/Non-Invasive Interventions after review of the public comments.

Motion: To approve the coverage guidance as written and forward to HERC. Motion carries: 7-0.

REVIEW OF NEW DRAFT COVERAGE GUIDANCES

Diagnosis and Treatment of Pediatric ADHD ([pages 71-79](#))

Livingston began the discussion, stating the term “preschoolers” should be replaced with the phrase “[children under 6](#)” with disruptive behavior disorders (including those at risk for ADHD), and parent behavior training should be covered as first-line therapy. It was suggested there may be a need to determine which subtypes of parent behavior trainings are more efficacious and if the elements of parent behavior training are known, whether those should be specified. Saha stated details such as to length, duration and frequency of trainings should be determined by the health plan’s coverage implementation teams and should not be included in the guidance.

The evidence suggests psychostimulant medication should be considered as a second line of therapy, weighing the benefits and harms to determine if it is appropriate for an individual child. Additional changes suggested included the following: For children ages [6 and over](#) with ADHD, psychostimulants alone or psychostimulants with [specific](#) behavioral treatment are considered first-line therapy and should be covered.

Action

- Change language to replace “preschoolers” with the statement “children 5 and under”
- Add into draft coverage guidance “specific* parent behavior treatment” : *Parent behavior therapies with evidence to support them include a), b), c),...x).

Motion: To conditionally approve the ADHD draft coverage guidance for public comment pending the ability to identify the parent behavior training therapies with supporting evidence. Motion carries: 7-0.

Advanced Imaging for Low Back Pain ([pages 89-95](#))

Livingston reiterated the proposed coverage guidance stemming from the recently approved HERC guideline. There was little substantial discussion.

Action

- Add red flags Table B (and add an asterix) into coverage guidance document
- Define persistent as (>1 month duration)

Motion: To approve the Advanced Imaging for Low Back Pain draft coverage guidance for public comment as amended. Motion carries: 7-0.

NEXT MONTHS TOPICS

- Review public comment and finalize coverage guidances on:
 - Knee arthroscopy for osteoarthritis
 - Femoracetabular impingement syndrome surgery
 - Elective induction of labor
 - Ultrasound in pregnancy
 - Indications for planned cesarean section

- New Draft Coverage Guidance Topics
 - Red flags and imaging in headache
 - Imaging in dementia
 - Nonpharmacologic interventions for treatment-resistant depression

Clarification about Studies with Insufficient Evidence

Livingston asked for a clarification about how the subcommittee views making recommendations based on studies when there is insufficient evidence. Saha pointed out there are many standardly practiced interventions which are never studied or are impossible to study with randomized trials. Marks agreed, stating lack of evidence does not necessarily mean lack of efficacy.

Chan held that if the subcommittee's charge is to give guidance on maximal cost-effective care and the studies cannot prove that fact, then we are unable to estimate cost-benefit and should not pay for it; the burden of proof is on the proponent of the intervention. Others wondered about factoring in provider and patient preferences, supposing it depends on the topic and if it is even possible to conduct randomized controlled trials. For example, it is *not* feasible to do a study of the efficacy for labor induction for pre-eclamptic pregnant women; however, low back pain studies are possible.

Consensus from the members was that if there are current proven interventions that work, then new therapies which do not have sufficient evidence should not be recommended for coverage. It becomes much more of an issue if there are no known effective treatments. At that point, a shared decision making process should occur.

CONFIRMATION OF NEXT MEETING

The next meeting is scheduled for June 7, 2012 from 2:00- 5:00 pm in Room 117B&C of the Meridian Park Hospital Health Education Center in Tualatin.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

The meeting was adjourned at 3:53 pm.