

What is the function of the Health Evidence Review Commission within the Oregon Health Plan (Medicaid)?

The Health Evidence Review Commission (HERC) is a body within the Oregon Health Authority (OHA) that reviews medical evidence about health services. This evidence helps them decide which services should be covered on the Oregon Health Plan (OHP). HERC also creates guidelines about when and how these services should be covered. HERC's policies, expressed on the Prioritized List, play a similar role to medical necessity policies developed by other health plans.

Services included on the Prioritized List include in-office procedures, surgeries, behavioral health services, certain medical devices, therapies, imaging services and laboratory tests, along with some dental services. Sometimes, HERC's criteria reference prescription medications in relation to other therapies, though medicines are typically reviewed by Pharmacy and Therapeutics (P&T) committees, not HERC.

The Prioritized List is part of a complex, dynamic health system within the state of Oregon that is comprised of many divisions whose work contributes in different ways to various health outcomes. The leverage points for impact of the work of HERC are different than for other parts of Oregon's health system, but contribute to key components of the OHA strategic plan. The primary purpose of the Prioritized List is to set, and adjust, the services included in the Oregon Health Plan's benefit package. After 1/1/2027, the primary purpose of the Prioritized List will change to setting statewide medical necessity policy for the Oregon Health Plan.

OHA Values and the Role of Health Equity

The work of HERC is guided by OHA's values of health equity, innovation, partnership, service excellence, integrity, transparency and leadership. Specifically regarding health equity, OHA's primary strategic goal is to eliminate health inequities in Oregon by 2030.

The OHA health equity definition states: Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments,

to address: the equitable distribution or redistribution of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices.

This health equity definition is broad, so this document describes how HERC employs a health equity lens in the scope of its work determining coverage and medical necessity policy. The work of the HERC staff and commissioners is grounded in an equity lens, meaning there is intentional focus on considering the impact of decisions on multiple populations, particularly those who have experienced marginalization. In the scope of HERC's work, this means ensuring the services needed to reduce avoidable and preventable differences in health are covered, particularly for those who have been disadvantaged due to pre-existing health inequities.

The public nature of HERC's process supports health equity by providing a forum where the Commission can consider impacts of decisions on populations served by OHP. As research is prepared and evaluated, a health equity lens is also used as a tool to frame discussions about systemic inequality related to policy decisions. To this end, deliberations may include discussion of the following when relevant to the decision under consideration:

- What groups or populations are impacted by this decision?
- How does this decision directly or indirectly impact certain populations?
- How does the decision impact intersections of certain populations?
- What are the positive or negative impacts of the changes proposed?
- What barriers may these groups experience, including historical considerations?
- Are there any existing recommendations to eliminate possible harm or inequities related to the issue under review?

How does HERC make its decisions?

In its public process, HERC welcomes active participation from OHP members, health providers, researchers, advocacy groups, and many others. HERC reviews evidence summaries, staff recommendations and public comments to inform its decisions. HERC's meetings are public, including meetings of its associated subcommittees, such as the Value-based Benefits Subcommittee (VbBS), the Evidence-based Guidelines Subcommittee (EbGS), the Oral Health Advisory Panel (OHAP), the Genetics Advisory Panel (GAP) and the Behavioral Health Advisory Panel (BHAP). This process supports

transparency and accountability, as well as OHA’s strategic goal of eliminating health inequities by including patients, providers, and caregivers in decisions that affect them. HERC’s process results in policy decisions that affect the whole OHP population; HERC cannot make coverage decisions for individual patients.

What kinds of questions does HERC ask as it decides whether to cover a certain service?

In general, HERC considers several key factors as it makes its decisions:

- Are we reasonably certain that the service’s benefits are clinically meaningful?
- Are we reasonably certain that the service’s harms do not outweigh the benefits?
- Are we reasonably certain that the service provides equal or better value than covered alternatives?
- Are there important anticipated effects of the service on health equity?
- Is the proposed coverage decision feasible to implement for all relevant parties?

To ensure a robust discussion of the above key factors, HERC uses four main sources of information:

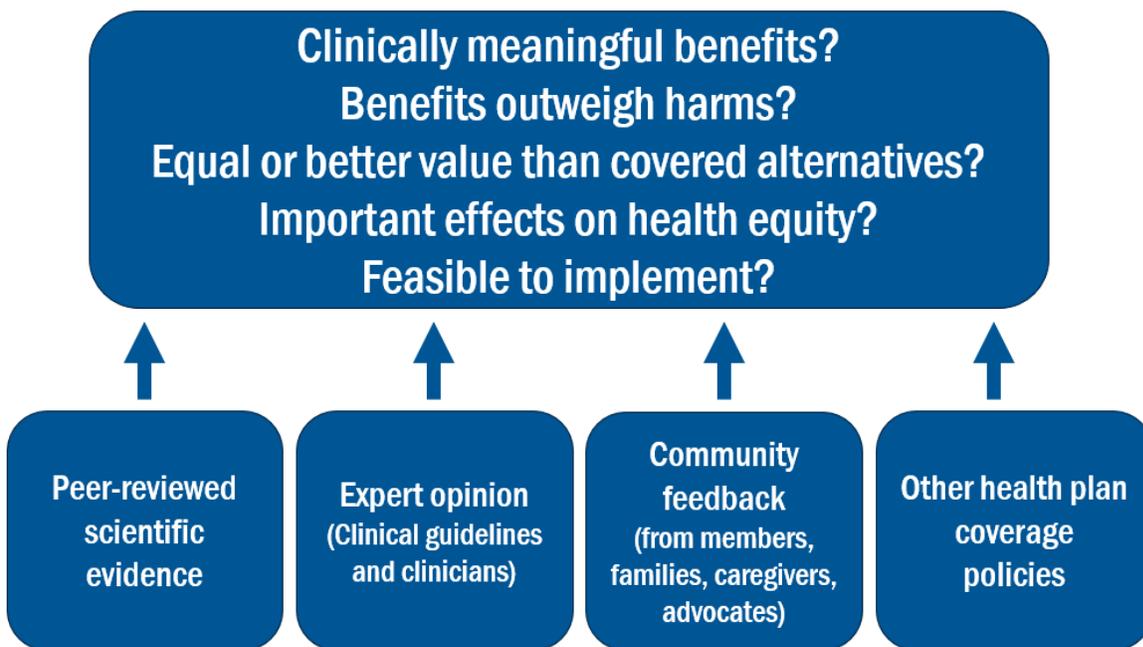
- Peer-reviewed scientific evidence
- Expert opinion (from clinical guidelines and individual clinicians)
- Community feedback from OHP members, families, caregivers and advocates, provided through verbal and written testimony
- Other health plan coverage policies, including other state Medicaid policies

Oregon law requires HERC decisions to be based on peer-reviewed scientific evidence and informed by public comment¹. HERC may weigh the above listed factors and different sources and types of information differently based on the clinical context and types of information available related to a given decision. In situations where there is limited scientific evidence—which often happens due to the rapid advancement of technology, genomics, biologics, or because of limited information about long-term outcomes for rare

¹ Oregon Revised Statute 414.690 (1) and (4)

diseases—clinical expertise, public testimony and public health information may be considered to a greater extent than when there is clear peer-reviewed evidence.

Figure 1: HERC Decision Factors and Sources of Information



What is the role of peer-reviewed scientific evidence?

HERC carefully evaluates evidence to apply it properly to the decision before the Commission. There are many types of peer-reviewed scientific evidence²—including basic research, preclinical research, clinical research, clinical implementation and public health studies. While all of these are important kinds of research for certain decisions, HERC focuses primarily on effectiveness studies, a specific type of clinical research. Effectiveness studies look at the effects of a health service on a population and compare them to other treatments, a placebo treatment or no treatment. Other kinds of studies, like basic or preclinical research studies, do not evaluate the effectiveness of an intervention on human subjects, so they are not the right kind of studies to inform HERC’s work.

² <https://ncats.nih.gov/about/about-translational-science/spectrum>

When considering coverage for a health service, staff search for relevant clinical effectiveness studies in peer-reviewed publications to locate the best available evidence to inform the decision. For most topics, staff describe this research in an issue summary, along with other relevant information described below, to inform the Commission's decisions.

For selected topics, HERC develops evidence-based reports called coverage guidances. These reports follow a more formalized process, which begins with a scope statement approved by the Commission. The scope statement guides the literature search process conducted by evidence review contractors. Parameters include key evidence questions, priority health outcomes of interest, and study characteristics required for inclusion in the review. Careful definition of the scope statement helps contractors identify the most relevant research to review and evaluate.

Whether in a coverage guidance or a staff-conducted evidence review, HERC prefers high-quality studies which have a strong design that limits the potential for biases, rigorous measurement of outcomes, appropriate populations included in the study and limited or no author conflicts of interest. High-quality study designs are typically randomized controlled trials and prospective comparative cohort studies performed on research participants with similar conditions to patients who would be affected by HERC's decision. In some cases, a systematic review or meta-analysis summarizes the results of multiple studies. Other types of studies are typically of lower quality and will only be reviewed by HERC in certain circumstances, such as when gathering data about safety or harms.

Sometimes HERC needs to make a decision and there are no directly relevant high-quality studies. In those cases, HERC may look at lower quality studies, such as a randomized controlled trial conducted in another country or with a significantly different population.

For coverage guidances, HERC requires that peer-reviewed scientific evidence is synthesized using a GRADE-informed approach. GRADE is a transparent and structured process for understanding the strength, reliability, and applicability of available scientific evidence.³ HERC uses the strength of scientific evidence as identified through GRADE to

³ Guyatt GH, Oxman AD, Vist GE, Kunz R, Falck-Ytter Y, Alonso-Coello P, Schünemann HJ; GRADE Working Group. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *BMJ*. 2008 Apr 26;336(7650):924-6.

inform its discussion and decision making. Similar principles are applied for other topics, but with a less formal approach.

Health Equity Considerations in Peer-Reviewed Scientific Evidence

HERC carefully considers the types of information that comprise scientific evidence for a service under review, such as population(s) included or excluded in the studies reviewed, quality of the study design, methods, data analysis and conclusions. These factors are important to determine if the studies include participants from backgrounds similar to OHP members. HERC considers whether there are structural issues contributing to inequities in populations studied for a particular service. Once it considers these factors, it then evaluates how they affect HERC's confidence in the evidence and how it applies to the current decision.

How does HERC weigh clinical guidelines and clinician input?

Clinical guidelines published by professional societies and advocacy organizations can be important sources of information. Because not all guidelines are created with rigorous methods, HERC typically prefers information from clinical guidelines that are paired with an assessment of the guideline's methodological quality. Reviewers assess methodological quality based on factors including a clear description of the applicable patient population, clear reporting of systematic methods to find evidence, transparent reporting of conflicts of interest and an explicit link between the supporting evidence and resulting recommendations.⁴

HERC values input from a broad range of clinical experts, prioritizing those with directly relevant experience and who also care for OHP members. Information and advice from other Oregon experts, from experts who practice outside of Oregon, and from non-clinical experts can also be considered. All clinical experts are required to disclose any financial conflicts of interest, which can then be considered by HERC.

Health Equity Considerations for Clinical Guidelines and Clinician Input

HERC proactively engages with Oregon clinicians who see OHP members. This perspective is critical to provide context to HERC for decision-making around health

⁴ Brouwers MC, Kho ME, Browman GP, et al. AGREE II: advancing guideline development, reporting and evaluation in health care. *CMAJ*. 2010;182(18):E839-842.

services, particularly when there is limited peer-reviewed evidence or when clinical considerations are not reflected in scientific evidence. Lived experience, as shared by affected individuals and their clinicians, can provide helpful information for HERC in the decision-making process. HERC also has a formal process for evaluating conflicts of interest for subject matter experts to minimize the risk for bias. HERC also reviews clinical guidelines, including the quality of the evidence on which they are based, for further information on services under review. Some clinical guidelines have sections outlining health equity considerations which can inform decision making.

How does HERC incorporate feedback from OHP members, families, caregivers, providers and advocates?

As required by law,⁵ HERC actively seeks out and considers testimony and information from consumers, advocates, providers, health plans and employers in conducting its work. The Commission invites written and verbal comments and reflects on the comments in deliberations. In addition, staff conduct advisory panel meetings to gather expert input and listening sessions so that consumers, advocates and providers can interact more informally with staff about topics they would like HERC to review. Staff use these discussions to inform research questions and recommendations to the Commission. Together, this information gives the Commission and its subcommittees important context about how services are delivered in Oregon and helps the Commission understand the personal priorities of those affected by HERC's decisions. These lived experience perspectives provide context for policy decisions. When issues arise during testimony that are not within the scope of the Commission, staff work to connect those who testify with others who may be able to assist. For example, HERC may connect members to the ombuds office. In addition, HERC also considers insights from local, regional and national patient advocacy organizations.

Health Equity Considerations in Community Feedback

HERC offers multiple formats for public testimony to ensure an inclusive public process. This includes public comment periods following posting of meeting materials, listening sessions with staff, as well as testimony in person and via virtual formats at meetings. HERC provides reasonable accommodations with regard to posted materials and meeting

⁵ Oregon Revised Statute 414.690(1)

participation options. Plain language summaries are developed for meeting materials and staff prioritize proactive outreach to patient groups and their providers when appropriate and feasible. HERC carefully reviews each submission received during public comment periods and prepares an individualized response in a public comment disposition document that is utilized during decision-making. Regardless of perspectives, beliefs and experiences, interested parties are treated with respect and dignity.

How does HERC use other health insurance coverage policies?

Sometimes, information about coverage policies of other public and private health plans can be important for HERC's discussion. While HERC may make different coverage decisions than other health plans, other payer policies aligned with HERC's intent can provide useful examples that are implemented by other payers.

Health Equity Considerations in Review of Other Payer Policies

Information about medical necessity and guidelines from other state Medicaid agencies can be helpful to HERC in ensuring a holistic review of information for health services under review. Additionally, some payer policies explicitly include health equity sections which can inform policy discussions.