Update on proposed changes to coverage of treatments for certain chronic pain conditions for the Oregon Health Plan

The Oregon Health Authority (OHA) is committed to transforming health care to improve the health of Oregonians. The Health Evidence Review Commission (HERC), a volunteer panel of health leaders and experts, plays a critical role in fulfilling this mission by prioritizing health services covered by the Oregon Health Plan. In recent months, OHA staff has been working in collaboration with the advisory Chronic Pain Task Force, to prepare a proposal for the HERC's consideration to expand treatment options for certain chronic pain conditions and protect against overprescribing of opioid painkillers.

The CPTF and OHA staff completed the development of a proposal in December 2018 to enhance coverage of treatments for fibromyalgia and four other diagnoses related to chronic pain. The goal of this proposal is to expand treatment options for patients with chronic pain conditions that are currently not covered in the Oregon Health Plan, with the goal of improving patient health and safety. At its March 14, 2019 meeting, the HERC and its Value-based Benefits Subcommittee (VbBS) must consider this proposal as it relates to the entire benefit package for the Oregon Health Plan.

This proposed benefit expansion includes a menu of pharmacologic and non-pharmacologic pain treatment services that are currently not covered for these conditions. If adopted, it would take effect January 1, 2020. Additional options will be considered by the HERC, including not adopting the proposal. HERC will use its prioritization methodology to weigh the potential options based on the evidence of benefit, cost impact and public input.

Questions and answers

I've just learned of this proposal. How did we get to this point? The Chronic Pain Task Force met seven times between September, 2017 and December, 2018. The task force's recommendations were initially presented to the VbBS in August, 2018. The VbBS began reviewing a revised proposal based on additional evidence, public testimony and implementation concerns on January 17, 2019. Meeting materials and minutes are available on our Meeting Archives page. All meetings were public, and members of the task force received extensive written and oral public input on the proposal, including testimony from national experts on pain management and opioid tapering.

What is the current proposal? The proposal to be considered March 14, 2019 will be similar to what was considered at VbBS and HERC on January 17, 2019. The HERC will also consider an option not to adopt the proposal.

The critical component of the modified CPTF proposal is to reprioritize five chronic pain diagnosis codes to their own line on the Prioritized List. In addition, there are proposed additions to related guidelines. The new line would include:

- Fibromyalgia and four broad chronic pain diagnoses (G89.21 Chronic pain due to trauma, G89.28 Other chronic postprocedural pain, G89.29 Other chronic pain, and G89.4 Chronic pain syndrome) moved to the funded region.

- Nonpharmacologic treatments including exercise therapy, acupuncture, tai chi, acupuncture, physical therapy and cognitive behavioral therapy.
- Non-opioid medications, with a requirement the patient also be treated with active therapy or continuing self-maintenance of strategies learned in active therapy.
- Opioid medications for all these conditions except fibromyalgia (which would continue to be excluded from coverage by the Prioritized List). For the other conditions, the proposal contains some requirements for safe and effective prescribing in alignment with the Oregon Opioid Prescribing Guidelines. For patients currently receiving opioids for fibromyalgia through an exception to the Prioritized List, and for other patients receiving prescriptions for opioids which do not align with the prescribing guidelines, the proposal includes coverage of opioids during an individualized taper plan. The plan must include a goal of achieving cessation of opioids, though the taper plan may be slowed or paused if appropriate. The plan does not include a duration or deadline for completion of the taper.

There is also an option to not make any changes to the current prioritization of fibromyalgia and certain other chronic pain conditions due to the low level of effectiveness for various therapies and due to the other consequences of reprioritizing these diagnoses in the funded region, such as an increase in coverage for opioid medications.

Would the proposal take away all opioids for all chronic pain patients? No. At no time has the proposal affected opioids being prescribed for other funded conditions under the Oregon Health Plan (e.g. arthritis, cancer, end-of-life care, etc).

The HERC has had a long-term guideline that opioids are not intended to be covered for fibromyalgia due to their lack of effectiveness and risk of harm. For patients who are currently receiving opioids for fibromyalgia despite this guideline, the new coverage proposal may result in them being required to begin an individualized taper plan.

Patients receiving opioids for the other four chronic pain conditions under consideration could be required to taper as part of Oregon Health Plan coverage, but only if their current prescriptions do not align (or cannot be adjusted to align) with safe and effective prescribing as outlined in the Oregon Opioid Prescribing Guidelines. Decisions about the pace of any taper plan would be made by prescribers, not health plans, and taper plans could be paused if needed. As has always been the case, providers may refuse to prescribe opioids, or decide to initiate a taper plan based on their clinical judgement.

If the HERC chooses not to change the prioritization of fibromyalgia and certain other chronic pain conditions, then these conditions will continue to be “below the line” and will continue to not be eligible for opioid prescriptions if the patient’s CCO has prescription controls on opioids.

How many people could this proposal impact? During calendar year 2017, OHA’s Actuarial Services Unit (ASU) found approximately 90,000 OHP recipients had a claim including one of the diagnoses affected by the proposal. Of these, approximately 63,000 also had a diagnosis of back or spine pain, meaning they would already be eligible for a package of services similar to those proposed under the CPTF proposal. This leaves about 27,000 recipients who might be eligible for the new nonpharmacologic benefits, though some of these might already have access to certain benefits such as physical therapy because of other orthopedic conditions. Of the 90,000 recipients, about 40,000 had at least one opioid prescription during the time period and 13,000 had at least 120 days supply of opioids during that year.

What will it cost? OHA's Actuarial Service Unit (ASU) estimates the cost of the nonpharmacologic therapies to be $10.8 to $16.8 million for all of the Oregon Health Plan in 2020. These cost adjustments assume no significant impact on pharmaceutical costs, as most of the patients receiving opioids would already be eligible to receive them due to a comorbid funded diagnosis. They assume no significant cost from increased access to pregabalin as it will be available in generic form in 2019.

What factors will the Commission consider as it prioritizes these treatments? The Commission's legislative mandate is to rank services "by priority, from the most important to the least important, representing the comparative benefits of each service to the population to be served." The Commission will use its Prioritization Methodology, which includes consideration of several factors including the effectiveness of the treatments, the proportion of affected patients who need the services, pain and suffering caused by the condition, the overall effect of the condition on a person's healthy life and the ability of the treatment to prevent acute exacerbations of the chronically painful condition. These are used to determine a score which ranks the line under consideration relative to other lines on the Prioritized List.

What options does the Commission have in addressing the proposal? The Commission could choose to accept the proposal as presented or to adopt a modified version. Alternately, it could decide not to create a new line for the reprioritization of these services at all.

Whether or not the Commission creates the new line, the Commission will consider modifying Guideline Note 60, Opioids for Conditions of the Back and Spine, to remove the existing reference to an end date for tapering that has already passed (January 1, 2018) and to update language related to tapering in light of the work of the Chronic Pain Task Force.

Why are back and spine pain guidelines being addressed as part of this work?

HERC reviewed the evidence for a variety of nonpharmacologic and pharmacologic interventions for back pain starting in 2013. They decided to reprioritize back pain to the funded region of the Prioritized List which allowed access to evidence-based treatments, but also restricted opioid coverage because of a lack of evidence of benefit, and concerns given the opioid epidemic. This back pain policy went into effect July 1, 2016 and is not a new HERC policy. The new suggested changes to the back and spine guidelines are to remove references to dates that have passed and to consider adding language allowing for a more individualized taper plan.

How can I participate or get updates on HERC's activities?
You can subscribe at the HERC website at https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/ to receive notifications of future meetings and look at materials being discussed. Materials for the March 14th meetings will be posted on Thursday, March 7th at https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Meetings-Public.aspx. You can attend the meetings, which are open to the public, and speak during time set aside for public comment. You can listen to the meetings by dialing 1-888-204-5984, participant code 801373 and also register for the meeting webinar at https://attendee.gotowebinar.com/rt/4563145172385374211. You can also send written comment of up to 1,000 words to HERC.Info@state.or.us by 12:00 PM PDT, Tuesday, March 12th. See https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Policy-Comment-Current-Topics.aspx for further details on HERC's policies for providing verbal or written comments.

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please contact Daphne Peck at 503-373-1985, 711 TTY or herc.info@state.or.us at least 48 hours before the meeting.