

Back Policy Changes Fact Sheet

Implementation delay:

This document enumerates changes to the Prioritized List of Health Services, which are planned for implementation July 1, 2016. (Implementation had previously been temporarily delayed from the original January 1, 2016 implementation date.)

What changes to OHP's coverage for treatment of back conditions are coming?

The HERC based its decisions on new evidence, including a bio-psycho-social model designed to help people with back problems resume normal activities. This model will help people manage their pain with less reliance on medication and fewer costly surgeries.

Until now, the OHP has limited treatment to patients who have muscle weakness or other signs of nerve damage. Beginning in 2016, treatments will be available for all back conditions. Before treatment begins, providers will assess patients to determine their level of risk for chronic back pain, and whether they meet criteria for a surgical consultation. Based on the results, one or more of the following covered treatments may be appropriate:

- Acupuncture
- Chiropractic manipulation
- Cognitive behavioral therapy (a form of talk therapy)
- Medications (including short-term opiate drugs, but not long-term prescriptions)
- Office visits
- Osteopathic manipulation
- Physical and occupational therapy
- Surgery (only for a limited number of conditions where evidence shows surgery is more effective than other treatment options)

In addition, yoga, intensive rehabilitation, massage, and/or supervised exercise therapy are recommended to be included in the comprehensive treatment plans. These services, which also have evidence of effectiveness, will be provided where available as determined by each Coordinated Care Organization (CCO).

HERC based its decision on the recommendations of the Back Lines Reorganization Task Force, a special workgroup consisting of a neurosurgeon, a chiropractor, an acupuncturist, an orthopedic surgeon, a primary care physician, a physiatrist, physical therapists, specialists in mental health and addiction, a health plan medical director, pain specialists, and a national expert in the evidence on treatments for back pain. This Task Force reviewed a large body of evidence about the effectiveness of various treatments and the potential harms of certain therapies.

Back Policy Changes Fact Sheet

Why did HERC undertake this process?

Back pain and other back conditions are very common for OHP members. In 2013, about 8 percent of OHP recipients saw a provider for back conditions, and over half of those individuals received narcotic medications, often for many months. OHP has spent a great deal of public money on treatments such as surgery and medications, without good evidence that they improve patient's lives. At the same time, narcotics also carry risks of dependency, misuse and overdose.

In recent years, the HERC has conducted reviews which found evidence that various therapies help back pain and other back conditions. These therapies could not, however, be added to the prioritized list because of the way back conditions were ranked. As a part of its biennial review, the HERC created a task force to find a way to reorganize the Prioritized List to reflect the new evidence. The task force created recommendations which prioritize therapies such as acupuncture, chiropractic, and physical therapy over surgery and narcotics for most back conditions, recognizing the effectiveness of these treatments in improving people's health and reducing suffering.

What is the history of OHP coverage of treatments for back conditions?

1. OHP historically has covered only the back conditions with radiating symptoms of weakness or numbness due to nerve damage, for a full range of services such as physical therapy, chiropractic, acupuncture and surgery.
2. People with back pain without nerve symptoms were limited to primary care visits and medications such as narcotics.

What was the process for HERC's decision?

1. The HERC adopted coverage guidances regarding diagnostic testing and effective treatments for low back pain and neck pain in 2013 and 2014.
2. The HERC created a Task Force to reorganize the Prioritized List lines dealing with back pain to allow coverage of evidence-based, effective therapies.
3. The Back Line Reorganization Task Force was created in the fall of 2014, and met monthly through February 2015
4. At its January, 2015, meeting, the Value-based Benefits Subcommittee (VbBS) and the HERC heard a draft proposal from the Task Force
5. At its March, 2015 meeting, VbBS and HERC heard the final proposal from the Task Force, made revisions, and approved the revised prioritization of back treatments resulting in the new coverage package
6. In August, 2015, the HERC decided to revise guideline note 56 to allow patients scoring as medium risk on the validated assessment tool to receive more intensive interventions.

Back Policy Changes Fact Sheet

7. In January, 2016, the HERC decided to remove coverage for epidural steroid injections for back pain and revise the guideline note on diagnostic imaging for back pain.
8. In May 19, 2016 the HERC approved several additional changes, including changing the requirements for patients already on opioid therapy who would need to work with their provider to establish a plan to transition to other pain management strategies, including nonpharmacologic treatments, by January 1, 2018.

How can I participate or get updates on HERC's activities?

You can subscribe at the [HERC website](http://www.oregon.gov/OHA/OHPR/Pages/HERC/) at www.oregon.gov/OHA/OHPR/Pages/HERC/ to receive notifications of future meetings and look at materials being discussed. You can attend the meetings, which are open to the public, and speak during time set aside for public comment.