
Oregon Health Evidence Review Commission Recent Evidence Reviews

NASHP Preconference
Using Evidence to Inform Policymaking
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Management of Obesity

- Prioritized List biennial review topic including:
 - Coverage Guidance on Metabolic & Bariatric Surgery
 - Evidence Review of Pharmacotherapy
 - Evidence Review of Devices
 - Evidence Review of Behavioral Interventions
 - Multisector Interventions Report
- Data project to evaluate utilization and outcomes of bariatric surgery in Oregon Medicaid

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Management of Obesity: Context

- Original implementation of bariatric surgery coverage in 2008 covered only people with type 2 diabetes and BMI \geq 35
- Plan concerns:
 - Cost of expanding coverage
 - Will it be effective in Medicaid population
 - Duration of effect
- Provider concerns
 - This is the only highly effective intervention for obesity

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Data/Evidence Results

- Fewer surgeries than might be expected (partly due to supply constraints driven by rates)
- Bariatric surgery effective in a broader population (other comorbidities; BMI \geq 40)
- Most effective in accredited centers
- Devices/drugs not effective or harms outweigh benefits
- Behavioral interventions effective — intensive is better than non-intensive

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Multisector Interventions for Obesity

- CEBP summarized 16 systematic reviews conducted within last 4 years
- 10 member task force reviewed (public health, primary care focus)
- Most studies reported on impact on physical activity and improved nutrition instead of BMI
- Examples of interventions with limited evidence of effectiveness
 - School-based aimed at reducing BMI, esp. with phys. activity focus
 - Family-based group education programs delivered in schools
 - Environmental (e.g., social marketing, cafeteria signs, farmers markets)
 - Community-based (group) & workplace health education
 - Introduction of light rail
 - Sugar sweetened beverage taxes
- Examples of interventions with insufficient evidence of effectiveness
 - Change in WIC policy to allow purchase of food from farmer's market
 - Financial incentives to change health habits

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Management of Obesity: Evidence to Implementation

- Issues were different for each type of intervention:
 - Drugs and devices already noncovered (status quo)
 - Work with actuaries and budget regarding costs of surgery
 - With behavioral services, lack of payment pathways, system support is key barrier
 - Multisector interventions best implemented locally by plans. Difficult to pay for due to Medicaid rules. Some require law change.

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Corticosteroid Injections for Low Back Pain

- Coverage guidance process
- Noncoverage began earlier, because of weak evidence and costs associated with imaging needed to determine appropriateness
- Focus on epidural steroid injections for low back pain with radiculopathy
 - No difference in short-term or long-term function
 - Short-term but not long-term reduction in need for surgery
 - Immediate-term benefit in pain did not reach predefined thresholds of a minimum clinically important difference
 - Harms are rare, more costly than alternatives

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Corticosteroid Injections for Low Back Pain

- Strong advocacy from local providers and national associations
- Arguments about surgical technique, narrowing the study population, observational trials
- Passionate testimony from people who had received these created challenge for subcommittee, resulted in delays
- Difficult decision for subcommittee due to anecdotal testimony, limited other treatment options, opioid use epidemic
- Decision: continued noncoverage

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Other Recent Evidence Reviews

- Continuous glucose monitoring in diabetes mellitus (*expanded eligible population*)
- Breast cancer screening in above-average risk women (*expanded screening technologies for this group*)
- 3D mammography for breast cancer screening in average risk women (*continue noncoverage*)
- Timing of long-acting reversible contraceptives (*endorsed previously covered service; helped break payer, provider implementation barriers*)

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Other Recent Evidence Reviews

- Proton beam therapy (*added some indications, removed others*)
 - Allowances for rare diseases, childhood cancers
- Multisector interventions for tobacco cessation
 - Identified interventions supported by evidence (behavioral interventions, financial incentives, high-feedback ultrasound)
 - Not supported (electronic cigarettes, counseling on secondhand smoke)
- Planned out-of-hospital birth
 - Identified contraindications for PA process

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For more information

www.oregon.gov/OHA/HPA/CSI-HERC

- More details on Prioritized List of Health Services:
www.oregon.gov/OHA/HPA/CSI-HERC/Pages/Prioritized-List.aspx
- More details on Coverage Guidances and Multisector Intervention Reports: www.oregon.gov/OHA/HPA/CSI-HERC/Pages/Evidence-based-Reports.aspx

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