

May 18, 2016

Som Saha, MD, MPH

Submitted via e-mail: HERC.Info@state.or.us

Chair

Oregon Health Authority – Health Evidence Review Commission

1225 Ferry Street, Suite C

Salem, OR 97301

Kevin Olson, MD

Submitted via e-mail: OHA.DirectorsOffice@state.or.us

Chair

Oregon Health Authority – Value Based Benefits Subcommittee

500 Summer Street NE, E-20

Salem, OR 97301-1097

Dear Drs. Saha and Olson:

Representatives of 14 medical specialty societies, comprising physicians who utilize and/or perform spinal injection procedures to accurately diagnose and treat patients suffering from spine pathologies, have convened to discuss the Oregon Health Authority's (OHA) decision to eliminate coverage of epidural steroid injections effective July 1. These medical specialty societies share a common goal with the OHA: identifying treatments that provide value to the patient and society through measurable improvements in pain and physical functioning with no or minimal adverse events.

It is our understanding that the Health Evidence Review Commission is currently undertaking a revision of the applicable coverage guidance. Making a non-coverage determination prior to completion of a comprehensive evidence-based review is a great disservice to all stakeholders, egregiously denying access to procedures that truly can be beneficial. In the absence of access to interventional pain procedures, likely patient outcomes will include: unnecessary suffering, additional opioid dependency, unnecessary surgeries, increased utilization of other healthcare resources, and additional work disability.

We extend to the OHA an offer to provide national and international expert input as a resource in formulating appropriate, evidence-based coverage guidance. We are fully cognizant of the issues of cost-containment, overutilization and inappropriate utilization, and therefore also wish to bring into focus which interventions are effective when treating the various causes of back and neck pain.

Spinal injections are not the panacea for all spinal conditions. There are conditions best treated conservatively and others best treated surgically. Spinal injections provide a valuable alternative option for some people. Unlike some medical treatments that "cure" a problem, many spinal conditions cannot be cured. Repetitive, palliative treatments may be the only option. The risk-benefit ratio of intermittent spinal injections can be preferable to perpetual use of risk-laden medications, or simply living with pain and disability.

Thank you for considering our comments about the importance of thoroughly examining the evidence and providing an opportunity for public comment prior to restricting or eliminating coverage of ESIs -- effective tools in the treatment of appropriately selected patients. If you have questions, please contact Belinda Duszynski, Senior Director of Policy and Practice, at bduszynski@spinalinjection.org.

Sincerely,

American Association of Neurological Surgeons

American Academy of Pain Medicine

American Academy of Physical Medicine and Rehabilitation

American Pain Society

American Society of Anesthesiologists

American Society of Neuroradiology

American Society of Regional Anesthesia and Pain Medicine

American Society of Spine Radiology

Congress of Neurological Surgeons

North American Neuromodulation Society

North American Spine Society

Oregon Radiological Society

Society of Interventional Radiology

Spine Intervention Society