May 20, 2022 Meeting Materials
Health Technology Clinical Committee

Previous meeting business

Contents

☐ Meeting minutes: March 18, 2022
☐ Timeline, Overview and Comments - Acupuncture
☐ HTCC instructions for final approval of coverage decision
☐ Draft Findings and Decision- Acupuncture
Health Technology Clinical Committee

Date: March 18, 2022
Time: 8:00 a.m. – 2:00 p.m.
Location: Webinar
Adopted: Pending

Meeting materials and transcript are available on the HTA website.

HTCC Minutes

Members present: John Bramhall, MD, PhD; Larry Birger, Jr., MD; Clinton Daniels, DC, MS; Janna Friedly, MD, MPH; Conor Kleweno, MD; Christoph Lee, MD, MS, MBA; Laurie Mischley, ND, MPH, PhD; Sheila Rege, MD; Mika Sinanan, MD, PhD; Tony Yen, MD
Clinical expert: Kathleen Lumiere, DAOM, LAc, MS

HTCC Formal Action

1. Welcome and Chair remarks: Dr. Rege, chair, called the meeting to order; members present constituted a quorum.

2. HTA program updates: Josh Morse, program director, presented HTCC meeting protocols and guidelines, and an overview of the HTA program.

3. Previous meeting business:

   November 5, 2021 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.
   
   Action: Nine committee members approved the November 5, 2021 meeting minutes.

   November 19, 2021 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.
   
   Action: Ten committee members approved the November 19, 2021 meeting minutes.

   Noninvasive Cardiac Imaging for Coronary Artery Disease draft findings and decision: Chair referred members to the draft findings and decision and called for further discussion. One comment was received on the draft determination language, proposing out of scope clarification in order to support implementation of the decision. The comment also asked if the decision would supersede previous determinations on noninvasive cardiac imaging.

   The committee considered the recommendation. Changes were made to clarify what was out of scope for the determination: asymptomatic individuals, follow up of prior abnormal cardiac imaging studies, myocardial viability, preoperative evaluation, and patients presenting for evaluation of cardiac pathologies other than coronary artery disease. Language about the determination superseding previous determinations on the topic was also added.

Draft
A motion was made and seconded to accept the findings and decision, as amended.

**Action:** Nine committee members approved the Noninvasive Cardiac Imaging determination findings and decision. One member recused themselves.

**Use of Cardiac Magnetic Resonance Angiography (CMRA) in Adults and Children draft findings and decision:** Chair referred members to the draft findings and decision and called for further discussion. One comment was received on the draft determination language, proposing out of scope clarification in order to support implementation of the decision.

The committee considered the recommendation. Changes were made to clarify what was out of scope for the determination: cardiac stress magnetic resonance imaging.

A motion was made and seconded to accept the findings and decision, as amended.

**Action:** Nine committee members approved the CMRA determination findings and decision. One member recused themselves.

4. **Acupuncture for Chronic Migraine and Chronic Tension-type Headache**

**Washington State agency utilization and outcomes:** Emily Transue, MD, MHA, Medical Director, Employee and Retiree Benefits, Health Care Authority, presented the state agency perspective on acupuncture. Find the full presentation published with the March 18 meeting materials.

**Scheduled and open public comments:** Chair called for public comments. Comments were provided by:

- Charis Wolf, LAc, DACM, Dipl Ac – SIEAM, Adjunct Faculty; American Society of Acupuncturists, Board of Directors; Kirkland, WA
- Leslie Emerick, MPA – Emerick & Bloom, Governmental Consulting-Legislative Advocacy; Olympia, WA
- Sharonne O’Shea, MS, JD – Acupuncturist, Acorn Acupuncture; Olympia, WA

**Vendor report/HTCC questions and answers:** Erika Brodt, Aggregate Analytics, presented the evidence review for Acupuncture for Chronic Migraine and Chronic Tension-type Headache. The full presentation is published with the March 18 meeting materials.

**HTCC coverage vote and formal action:**

**Committee decision**

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee decided that the current evidence on acupuncture for chronic migraine and chronic tension-type headache was sufficient to make a determination. The committee discussed and voted separately on the evidence for the use of acupuncture for chronic migraine, chronic tension-type headache, and chronic daily headache. The committee considered the evidence, public comment and expert input, and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover with conditions acupuncture for chronic migraine. Separately, the committee voted not to cover acupuncture for chronic tension-type or chronic daily headache.
### Discussion

The committee reviewed and discussed the available studies for use of acupuncture for chronic migraine and chronic tension-type headache. Conditions for coverage were discussed, drafted, and voted on. A majority of committee members supported the conditions of coverage for acupuncture. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed.

### Committee’s draft determination

This decision applies to adults (age 18 and older).

- For chronic migraine (as defined by the International Headache Society), acupuncture is a **covered benefit with the following conditions**:
  - Must be diagnosed with chronic migraine by a qualified provider (per Washington State Department of Health),
  - For up to 24 sessions over the course of one year, and
  - Additional treatment cycles may be considered at agency discretion.

### Non-covered indicators

Acupuncture is **not covered** for:

- Chronic tension-type headache
- Chronic daily headache

### Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no NCD for acupuncture for chronic migraine or chronic tension-type headache as reviewed.

The committee discussed clinical guidelines identified from the following organizations:

- National Institute for Health and Care Excellence (NICE) **Headaches in over 12s: diagnosis and management** (2012) (updated in May 2021) (Included in prior report)
• Institute for Health Economics & Towards Optimized Practice *Primary care management of headache in adults: clinical practice guideline.* (2016)

• VA/DoD *VA/DoD Clinical Practice Guideline for the Primary Care Management of Headache* (2021)


• National Clinical Guidelines for Qatar *Clinical Guidelines for the State of Qatar: Headaches in adults* (2016)

The recommendations of the guidelines vary. The committee’s determination is consistent with the noted guidelines.

The committee vice chair directed HTA staff to prepare a findings and decision document on use of acupuncture for chronic migraine and chronic tension-type headache for public comment to be followed by consideration for final approval at the next committee meeting.

5. **Meeting adjourned**
Acupuncture for chronic migraine and chronic tension-type headaches

Draft findings and decision
Timeline, overview and comments

Timeline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Date</th>
<th>Public Comment Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Topics published</td>
<td>August 2020</td>
<td></td>
</tr>
<tr>
<td>Public comments</td>
<td>(proposed pending literature search)</td>
<td>-</td>
</tr>
<tr>
<td>Selected technologies published</td>
<td>August 3, 2021</td>
<td></td>
</tr>
<tr>
<td>Public comments</td>
<td>August 3 to September 2, 2021</td>
<td>30</td>
</tr>
<tr>
<td>Draft key questions published</td>
<td>September 3, 2021</td>
<td></td>
</tr>
<tr>
<td>Public comments</td>
<td>September 3 to September 16, 2021</td>
<td>13</td>
</tr>
<tr>
<td>Final key questions published</td>
<td>September 30, 2021</td>
<td></td>
</tr>
<tr>
<td>Draft report published</td>
<td>January 18, 2022</td>
<td></td>
</tr>
<tr>
<td>Public comments</td>
<td>January 18 to February 17, 2022</td>
<td>30</td>
</tr>
<tr>
<td>Final report published</td>
<td>February 24, 2022</td>
<td></td>
</tr>
<tr>
<td>Public meeting</td>
<td>March 18, 2022</td>
<td></td>
</tr>
<tr>
<td>Draft findings &amp; decision published</td>
<td>March 23, 2022</td>
<td></td>
</tr>
<tr>
<td>Public comments</td>
<td>March 23 to April 6, 2022</td>
<td>14</td>
</tr>
</tbody>
</table>

Overview

<table>
<thead>
<tr>
<th>Category</th>
<th>Comment Period</th>
<th>Cited Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient, relative, and citizen</td>
<td>Dates here</td>
<td>0</td>
</tr>
<tr>
<td>Legislator and public official</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industry &amp; manufacturer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional society &amp; advocacy organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Respondents</td>
<td>Representing</td>
<td>Cited Evidence</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HTCC final approval of coverage decision

**Next step: proposed findings and decision and public comment**

At the next public meeting the committee will review the proposed findings and decision and consider any public comments as appropriate prior to a vote for final adoption of the determination.

1) Based on public comment was evidence overlooked in the process that should be considered?

2) Does the proposed findings and decision document clearly convey the intended coverage determination based on review and consideration of the evidence?

**Next step: final determination**

Following review of the proposed findings and decision document and public comments:

**Final vote**

Does the committee approve the Findings and Decisions document with any changes noted in discussion?

If yes, the process is concluded.

If no, or an unclear (i.e., tie) outcome chair will lead discussion to determine next steps.
Health Technology Clinical Committee
DRAFT Findings and Decision

Topic: Acupuncture
Meeting date: March 18, 2022
Final adoption: Pending

Number and coverage topic:
20220318A – Acupuncture for Chronic Migraine and Chronic Tension-type Headache

HTCC coverage determination:
Acupuncture is a covered benefit with conditions.

HTCC reimbursement determination:
Limitations of coverage: This decision applies to adults (age 18 and older).
  • For chronic migraine (as defined by the International Headache Society), acupuncture is a covered benefit with the following conditions:
    o Must be diagnosed with chronic migraine by a qualified provider (per Washington State Department of Health),
    o For up to 24 sessions over the course of one year, and
    o Additional treatment cycles may be considered at agency discretion.

Non-covered indicators:
Acupuncture is not covered for:
  • Chronic tension-type headache
  • Chronic daily headache

Notes:
  • Out of scope/data not reviewed for this decision:
    o Other headache and migraine types not specified
  • This determination supersedes the following previous determination:
    o Acupuncture policy as previously determined in Treatment of Chronic Migraine and Chronic Tension-Type Headache (20170519B)

Related documents:
  • Final key questions
  • Final evidence report
  • Meeting materials and transcript

Agency contact information:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor and Industries</td>
<td>1-800-547-8367</td>
</tr>
<tr>
<td>Public and School Employees Health Plan</td>
<td>1-800-200-1004</td>
</tr>
<tr>
<td>Washington State Medicaid</td>
<td>1-800-562-3022</td>
</tr>
</tbody>
</table>

HTCC coverage vote and formal action:

Draft
Committee decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee decided that the current evidence on acupuncture for chronic migraine and chronic tension-type headache was sufficient to make a determination. The committee discussed and voted separately on the evidence for the use of acupuncture for chronic migraine, chronic tension-type headache, and chronic daily headache. The committee considered the evidence, public comment and expert input, and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover with conditions acupuncture for chronic migraine. Separately, the committee voted not to cover acupuncture for chronic tension-type or chronic daily headache.

<table>
<thead>
<tr>
<th></th>
<th>Not covered</th>
<th>Covered under certain conditions</th>
<th>Covered unconditionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture for chronic migraine</td>
<td>3</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Acupuncture for chronic tension-type headache</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Acupuncture for chronic daily headache</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Discussion

The committee reviewed and discussed the available studies for use of acupuncture for chronic migraine and chronic tension-type headache. Conditions for coverage were discussed, drafted, and voted on. A majority of committee members supported the conditions of coverage for acupuncture. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed.

Limitations

This decision applies to adults (age 18 and older) with chronic migraine or chronic tension type headache.

- For Chronic Migraine (as defined by the International Headache Society): Acupuncture is a covered benefit with conditions
  - Must be diagnosed with chronic migraine by a qualified provider (qualified to diagnose per Washington State Department of Health)
  - Up to 24 sessions over the course of one year
  - Additional treatment cycles may be considered at agency discretion

Not covered conditions:

- For Chronic Tension-type Headache: Acupuncture is non-covered
- For Chronic Daily Headache: Acupuncture is non-covered
**Action**

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no NCD for acupuncture for chronic migraine or chronic tension-type headache as reviewed.

The committee discussed clinical guidelines identified from the following organizations:

- Institute for Health Economics & Towards Optimized Practice *Primary care management of headache in adults: clinical practice guideline* (2016)
- VA/DoD *VA/DoD Clinical Practice Guideline for the Primary Care Management of Headache* (2021)

The recommendations of the guidelines vary. The committee’s determination is consistent with the noted guidelines.

The committee vice chair directed HTA staff to prepare a findings and decision document on use of acupuncture for chronic migraine and chronic tension-type headache for public comment to be followed by consideration for final approval at the next committee meeting.

**Health Technology Clinical Committee Authority:**

Washington State’s legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company that takes public input at all stages.

Pursuant to RCW 70.14.110, a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology’s safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Director.