Task Force Backs Plan to Limit Opioid Use For Some Chronic Pain

By Markian Hawryluk
WesCo News Service

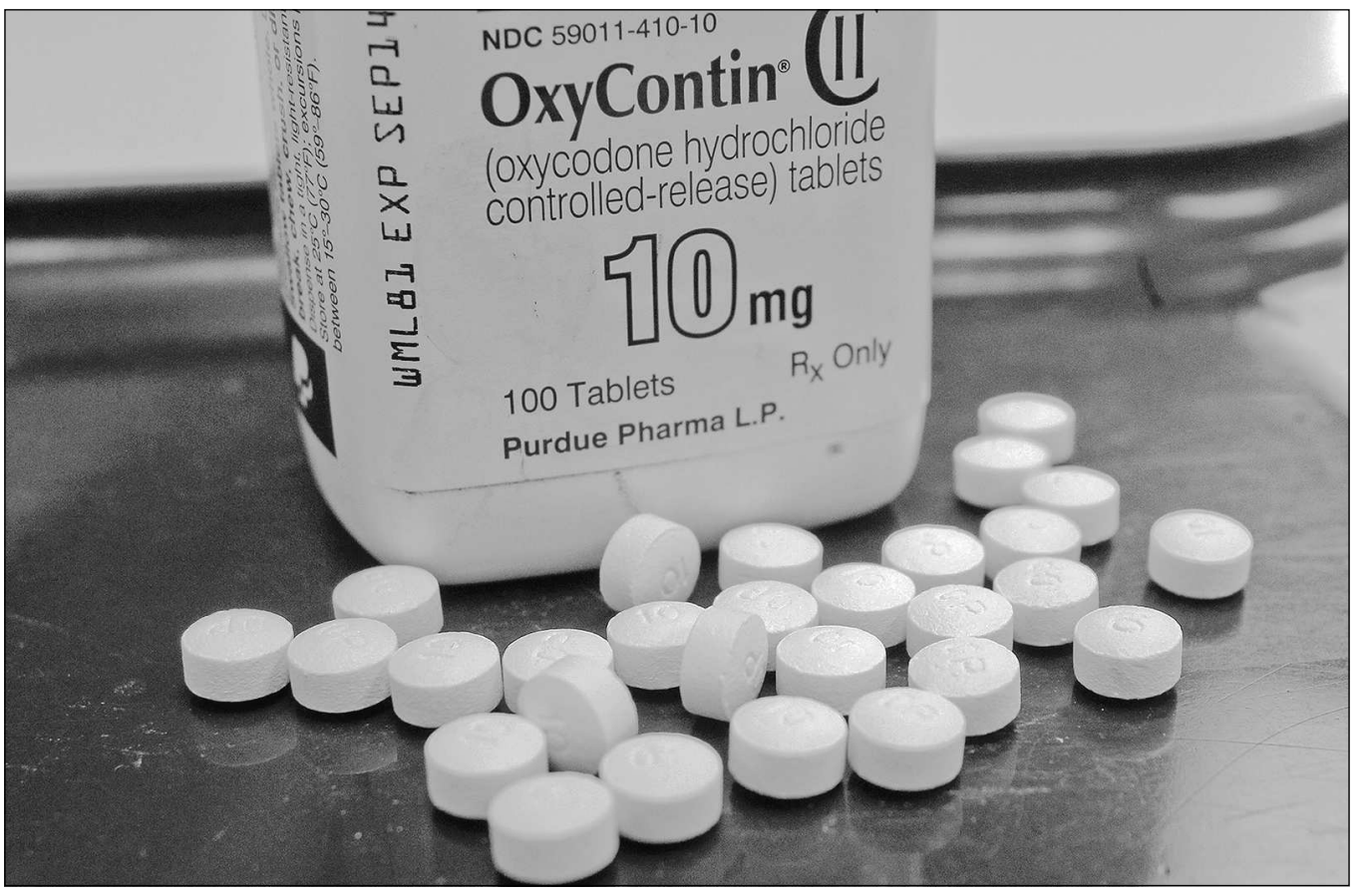
An Oregon proposal to expand alternative treatments for certain chronic pain conditions while limiting the use of opioids has moved forward with minimal changes, despite outcries from chronic pain patients and sharp criticism from pain experts across the country.

The state's Chronic Pain Task Force, an ad hoc committee providing recommendations on treatments for chronic pain under Oregon's Medicaid program, backed a proposal Wednesday to provide coverage for five chronic pain conditions currently not covered by the Oregon Health Plan.

That would allow patients to receive services such as physical therapy, acupuncture and other types of treatment. Opioids would be covered in limited doses for some of the chronic pain conditions, but not for fibromyalgia or centralized pain syndrome, a central pain processing disorder that can heighten the response to painful stimuli and produce painful responses to normally nonpainful stimuli. The task force concluded that opioids are not beneficial and can be harmful for those conditions.

Patients who are already taking doses above the opioid limits would be required to begin a taper of their medications at rate determined in conjunction with their doctor. Patients with fibromyalgia or centralized pain syndrome would be required to taper off opioids completely.

Overprescribing of prescription opioids has been blamed for the ongoing overdose epidemic nationwide. With other states wrestling with the same issues, Oregon's proposal has garnered national attention and concern.



Toby Talbot / Associated Press file photo
OxyContin pills

"Now, there are options for long-term opioids for certain individuals if certain conditions are covered."
— Dr. Dana Hargunani, chief medical officer, Oregon Health Authority

"This is basically more extreme and draconian than any approach in the country. It goes against all of the guidelines," said Kate Nicholson, a civil rights attorney from Colorado and a chronic pain advocate. "And importantly, it does so without regard for any attempt to measure potential harms or benefits to patients."

The proposal is the second try by the task force to craft the chronic pain coverage guidelines. A previous proposal would have limited opioid coverage to 90 days and required patients to taper off painkillers within a year. After hearing from patients and providers, Oregon Health Authority staff reworked the proposal to soften the language and provide patients and their doctors more flexibility in the rate of tapering.

"We at OHA believe that health care delivery is really dependent on the trusting relationship between a patient and provider," Dr. Dana Hargunani, chief medical officer at OHA, told the task force. "All of the proposal elements, particularly addressing the opioid tapers … including the timelines, the rates and the ultimate success in getting to zero, are intended to be flexible and to meet individual patient needs based on the patient and doctor relationship."

Hargunani said the revised proposal recognizes that for some patients, long-term opioids can be an appropriate treatment and would not require a full taper off the drugs. For those for whom opioids are not appropriate, the ultimate goal would be a taper to zero.

"This is intended to be a goalpost and to help providers engage with their patients on the discussion of tapers," she said. "It's intended to be flexible and individualized."

Oregon Health Authority officials estimated that about 67,400 people would gain coverage to alternative pain treatments under the proposal and that between 600 to 1,200 patients would need to have their opioid treatments re-evaluated by their providers.

The Oregon proposal, however, is not intended to be a general guideline on opioids for chronic pain, and task force members stressed that it would not apply to chronic pain patients across the board.

"These were things that were not covered at all," said Amber Rose Dullea, a fibromyalgia patient and member of the task force. "So if somebody is seeing a doctor under the Oregon Health Plan and they've been getting opioids, this line would not have any effect, because if they had gone to a practitioner prior, they wouldn't have gotten any treatment."

Chronic pain patients had flooded previous committee meetings providing heart-wrenching testimony about their conditions and the fear of losing pain relief going forward. At Thursday's meeting, they relied more on expert testimony, reading letters from academics and clinicians to state their case.

That included a letter signed by six of the leading pain experts in the country stating the task force would require changes "far more aggressive than any existing guideline or any other current law or mandate, and it does so without evidence or regard to the potential harm or benefit to patients."

A combined statement from the Oregon Medical Association and the American Medical Association called for modifications including language stating that "neither patients nor physicians should ever be forced into nonconsensual tapering protocols."

The task force considered a review of the evidence supporting the safety and effectiveness of tapering patients, conducted by researchers from Oregon Health & Science University. That review found there was little evidence to suggest that tapering patients off opioids improved pain, functioning or quality of life. Similarly, there was little information about the potential risks of weaning patients off opioids.

Oregon Health Plan expands Hepatitis C treatment

By Markian Hawryluk
WesCom News Service

Faced with the highest hepatitis C mortality rate in the country, Oregon is on the brink of expanding hepatitis C treatment to all Medicaid beneficiaries regardless of the severity of their condition. The move could help the state eliminate transmission of the virus within a decade.

Chronic hepatitis C infection is the leading cause of complications from chronic liver disease, including cirrhosis, liver failure and liver cancer, and is the main reason for liver transplants in the U.S. Until recently, hepatitis C treatment had not been very effective. But new medications came on the market in 2013 with cure rates approaching 95 percent and a price tag of up to $84,000 per patient.

To make the best use of limited funds, the Oregon Health Plan initially restricted treatments to hepatitis C patients with the greatest need. Most OHP members who qualified were older patients experiencing the complications of long term hepatitis C infections. That meant younger patients in the initial stages of the disease who had the highest transmission rates weren't sick enough to be treated.

On Nov. 29, an advisory committee recommended the Oregon Health Authority remove those restrictions, opening up treatment to all Oregon Health Plan patients with chronic hepatitis C infection.

"OHA has been continually taking steps to expand treatment since these drugs became available," said Dana Hargunani, chief medical officer for the Oregon Health Authority. "Their recommendation is really the last step in allowing us to treat all stages of hepatitis C in the state."

The committee also recommended removing the requirement for individuals with substance use disorders to be in addiction treatment in order to get hepatitis C medications.

The recommendation goes to the Oregon Health Authority Director Patrick Allen, who has signaled his support.

"I look forward to approving this recommendation to expand treatment coverage for OHP members," Allen said. "We have an opportunity to eliminate hepatitis C in our state, and this is a key strategy to get us there."

The state will have to wait out a mandatory 60-day notification period, but could start treating patients under the new policy as soon as March.

Hargunani said the move was made possible by the continued drop in prices in hepatitis C medications. Gov. Kate Brown included a $107 million request in her budget proposed for the next biennium to pay for the drugs.

"That will help us get to the treatment levels we were hoping for," Hargunani said.

The state has been able to reach only about 13 percent of OHP patients with hepatitis C, much lower than the 18 percent treatment rate nationwide. A statewide registry includes more than 75,000 Oregonians with the condition, although state officials believe the total number of people infected could be twice that amount.

Most new cases are linked to intravenous drug use, although infections can occur through other types of contact with bodily fluids, including sexual intercourse, exposure to blood in health care settings, and through tattoos or piercings. The blood supply is screened for hepatitis C, although many older Americans had been infected through blood transfusions before screening was in place. Health officials have urged all baby boomers to get screened for the infection.

Oregon's restrictions on treatment for fiscal reasons have likely contributed to a faster spread of the disease in recent years. While older patients in later stages of the disease are at greater risk for death and other complications, they tend to have lower transmission rates. Younger individuals in the early stages of infection are generally healthier, but have higher transmission rates.

To qualify for treatment, OHP members had to undergo a special test to determine the amount of fibrosis, or scarring of their liver. Those with stage 2 or higher fibrosis qualified, while those with stage 1 fibrosis had to wait.

The greater availability and affordability of a hepatitis C cure now have public health officials thinking about treatment as a way to prevent transmission. A recent modeling of transmission rates showed that treating just 12 percent of people who inject drugs per year could eliminate hepatitis C transmission within 10 years.