

# May 20, 2022 Meeting Materials

## Health Technology Clinical Committee

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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.

**DRAFT**

	Not covered	Covered under certain conditions	Covered unconditionally
Acupuncture for chronic migraine	3	7	0
Acupuncture for chronic tension-type headache	9	1	0
Acupuncture for chronic daily headache	9	1	0

### 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:

- European Academy of Neurology (EFNS) *EFNS guideline on the treatment of tension-type headache – Report of an EFNS task force* (2010) (Included in prior report)
- National Institute for Health and Care Excellence (NICE) *Headaches in over 12s: diagnosis and management* (2012) (updated in May 2021) (Included in prior report)

**DRAFT**

- 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)
- Study Group for Chronic Headache Clinical Practice Guideline Development and The Japanese Headache Society *Clinical practice guideline for chronic headache 2013* (2019)
- China Association of Chinese Medicine *Report of guidelines for diagnosis and treatment of common internal diseases in Chinese medicine: Headache* (2019)
- 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**

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

**Overview**

Category	Comment Period <i>Dates here</i>	Cited Evidence
Patient, relative, and citizen		
Legislator and public official		
Health care professional		
Industry & manufacturer		
Professional society & advocacy organization		
<b>Total</b>	<b>0</b>	

Comments

Respondents	Representing	Cited Evidence
<input type="checkbox"/> 1.		
<input type="checkbox"/> 2.		
<input type="checkbox"/> 3.		
<input type="checkbox"/> 4.		
<input type="checkbox"/> 5.		

## 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**:
  - 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

**Notes:**

- Out of scope/data not reviewed for this decision:
  - Other headache and migraine types not specified
- This determination supersedes the following previous determination:
  - 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:**

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public and School Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

**HTCC coverage vote and formal action:**

**Draft**

**Committee decision**

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**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**

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

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### **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.