

February 1, 2018

Senate Health & Welfare Committee  
Vermont State Legislature

*RE: DVHA Acupuncture Pilot Report – 2.1.18 Testimony*

Dear Committee Members,

I regret that I am not able to provide the following information in person and I thank you for the opportunity to present the following written testimony on behalf of the Department of Vermont Health Access:

**Overview:**

Self-directed care is a key component of any modality purported to be effective in managing chronic pain. The DVHA Acupuncture Pilot showed that patients who chose acupuncture reported subjective improvement. While DVHA notes that the cost effectiveness of acupuncture could not be verified through this study, DVHA recommends that acupuncture be incorporated into a well-defined benefit that encompasses the option of multiple modalities (yoga, massage, nutritional programs, chiropractic care, physical therapy, etc.) to produce one overall plan of care for treating chronic pain, with active coordination of care by all providers.

**Study Findings & Limits:**

Prior to adding any individual benefit, including acupuncture, all three legs of the Triple Aim – (1) improved clinical outcomes, (2) improved patient satisfaction, and (3) cost effectiveness – should be verified. The Acupuncture report’s ‘Discussion’ and ‘Limitations’ sections highlight key points of the pilot study and, unfortunately, due to the limitations noted in these sections, the cost effectiveness of acupuncture could not be verified through this study. DVHA also notes that no direct head-to-head conclusions between acupuncture and other modalities Medicaid currently covers (or for that matter does not cover) can be found.

**Recommended Approach Based on Study Findings:**

Noteworthy subjective data. Acknowledging the strengths of this study (as they are outlined in the report), it is clear that patients who chose acupuncture reported subjective improvement. Self-directed care is a key component of any modality purported to be effective in managing chronic pain.

Use of other modalities. Many other modalities exist that may, according to subjective data, be effective in addressing chronic pain. These include yoga, massage, and nutritional programs, as well as those already covered by VT Medicaid such as chiropractic care, physical therapy, a variety of medications and cognitive behavioral therapy.

Combining acupuncture with other modalities. From a cost-effectiveness and outcome perspective, it seems that a well-defined benefit that encompasses the option of multiple modalities that a patient could self-direct would be most prudent.

VT Medicaid seeks collaboration with payers and providers. VT Medicaid would be most interested in partnering with other payers in the State around the development and support of a Center of Excellence solely for the treatment of chronic pain, such as what is being considered by BCBSVT and UVMMC's Center for Integrative Medicine. Furthermore, VT Medicaid's BluePrint program could be tapped to support Primary Care providers across the State in collaborating with such a Center for Excellence much like it does currently in the Hub and Spoke modeling supporting medication assisted treatment (MAT).

Creating a well-defined benefit with maximum flexibility. VT Medicaid respectfully would recommend deferring the addition of acupuncture (or any individual modality) in lieu of the all hands on deck approach of a Center of Excellence based on an episode of care payment mechanism. This would in essence be a single, well-defined benefit with maximum flexibility to accommodate the myriad of effective treatment options that produces one overall plan of care and active coordination of care by all providers.

Sincerely,

*/s/ J. Scott Strenio, M.D.*

Chief Medical Officer, Vermont Medicaid