National Health Policy Forum

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The State Dilemma

States in political vise:
- Advocates and industry want maximum service
- Taxpayers want to limit expenditures
- Highest demand during economic downturn
- States are the safety net for low income persons
- It’s not **IF** they ration but **HOW** they ration
State Response to Tightening Vise

• Generally:
  - Reducing Eligibility for State Medical Assistance
  - Cutting Provider Payments
  - Cutting Categories of Care

• Some:
  - Recognize Cost/Technology Nexus and often Tenuous Link to Health Outcomes
  - Demanding Higher Standard of Evidence for Payment
  - Open to Pragmatic, High Quality, Independently Produced, Comparative Effectiveness Research
State Experience Using CER

- **USPSTF**
  - Results, methods and example
- **DERP**
  - State’s own motion, direct application
- **MED**
  - Next logical step
- Systematic reviews based on USPSTF methods
- Public input on Key Questions
- Global literature search
- Solicit industry research
- Appraisal of research
- Synthesis of best quality research
- Universal peer review
- Final product in public domain
DERP Transparency

- Draft KQs posted and comments incorporated
- Full disclosure of methods and sources
  - Which studies included and why
  - Which studies not included and why
  - All industry submissions
- Universal peer review w/ comments public
- Final report in public domain
Reports Completed by DERP

- 2nd Generation Antidepressants
- 2nd Generation Antihistamines
- Alzheimer's Drugs
- Angiotensin Converting Enzyme Inhibitors
- Angiotensin II Receptor Antagonists
- Anti-Epileptic Drugs
- Anti-platelet Drugs
- Controller Drugs for Asthma
- Atypical Antipsychotics
- Quick Relief Medications for Asthma
- Beta Adrenergic Blockers
- Calcium Channel Blockers
- Combination Drugs for Hypertension & Hyperlipidemia
- Constipation Drugs
- Newer Diabetes Drugs
- Renin Angiotensin Aldosterone System Drugs
- Drugs to treat ADHD
- 59 updated reports completed

- Hepatitis C Drugs
- Hormone Replacement Therapy
- Long-acting Opiates
- MS Drugs
- Neuropathic Pain Drugs
- Newer Antiemetics
- Newer Insomnia Drugs
- NSAIDS
- Oral Hypoglycemics
- Overactive Bladder
- Proton Pump Inhibitors
- Skeletal Muscle Relaxants
- Statins
- Targeted Immune Modulators
- Thiazolidinediones
- Topical Calcineurin Inhibitors
- Triptans
Medicaid Evidence-based Decisions (MED)

- DERP only different
  - Not comparing drugs within classes
  - Focused on interventions of all kinds
- Range of research products
  - Few new systematic reviews
  - Time and resources are limited
  - Poor evidence base
  - Existing high quality SR available
Reports Completed by MED

- Role of Percutaneous Coronary Intervention in Patients with Stable Angina
- Autism Treatment for Children and Adolescence
- Breast MRI- Risk Assessment Models
- Prior Authorization (PA) Imaging Cervical Spine
- PA Imaging Dementia
- PA Imaging Headaches
- PA Imaging Knee Pain
- PA Imaging Low Back Pain
- PA Imaging Shoulder Pain
- PA PET in Malignancy
- PA Screening US in Pregnancy
- Effectiveness of Diabetes Prevention Programs
- Prevention and Non-Surgical Treatments for Overweight and Obese Adults
- Arthroscopy of Knee for Osteoarthritis
- Chronic Pain Interventions for Lower Back Pain
- Opioids for the Management of Acute Pain
- Spinal Surgery
- Stereotactic Radiosurgery and Intensity Modulated Radiation Therapy
- Dental Radiographs for Diagnosing Caries
- Examining the Scope of Practice for Dental Hygienists and Assistants
- Orthodontics for Children and Adolescents
- Disease Management Programs (3 Reports)
- Early Periodic Screening and Diagnosis Treatment (4 Reports)
- Telehealth and telemetric monitoring (2 reports)
- Sleep Disorders in Children
- Alcohol Abuse
- Smoking Cessation in Pregnancy
- Substance Abuse
- Transplant Centers of Excellence
- Vacuum Wound Closures
- Total Participant Inquiries = 40
Lessons Learned

• Publicly sponsored and governed project can produce highest quality evidence in U.S.
• Research informs not dictates policy
• Structure of industry interface important
  – Need evidence not lobbying (independence)
  – Must be formal
  – Must be transparent
• Cost must be considered (policy process)
• Big gaps in evidence need filling
Politics

- Rationing
- Governance
- Racial and ethnic disparities
  - More thorough the review the more policy can account for differences
  - Identifies gaps that need to be filled
  - Helps address cost which disproportionately affects minorities
- Knowledge foundation for honest debate
- Resource limits dictate value purchasing
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