CHBRP Approach to Medical Effectiveness Review

California Health Benefits Review Program

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What is Medical Effectiveness Analysis

- Answers the universal question:
  - Does scientific evidence show whether these treatments/procedures work?

- Provides systematic and objective reviews of pertinent peer-reviewed medical literature.
CHBRP ME Analytic Approach

- Perform literature search
- Review pertinent literature
- Make a qualitative “call” on the literature
- If feasible, summarize quantifiable evidence for specific health outcomes
ME: Sources of Information

- Peer-reviewed publications
  - Meta-analyses and systematic reviews
  - Randomized controlled trials
  - Observational studies

- Other published/documented information
  - Systematic reviews
  - Clinical guidelines

- Expert opinion - only if no studies available
## ME - Terms to Categorize the Body of Evidence

- **Consistent** use of concluding statements helps policymakers

<table>
<thead>
<tr>
<th>CHBRP concluding statement</th>
<th>Translation</th>
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</thead>
<tbody>
<tr>
<td>Clear and Convincing Evidence</td>
<td>It works</td>
</tr>
<tr>
<td>Preponderance of evidence</td>
<td>It seems to work</td>
</tr>
<tr>
<td>Ambiguous/conflicting evidence</td>
<td>Studies cut both ways</td>
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<tr>
<td>Insufficient evidence</td>
<td>Few well-designed studies</td>
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Example: Tobacco Cessation

Clear and convincing evidence from a large number of studies that the following treatments increase long-term abstinence from smoking:

- Counseling (multiple types)
- Pharmacotherapy
  - Nicotine replacement therapy
  - Prescription drugs
Example: Tobacco Cessation

- Less evidence of the impact of coverage for tobacco cessation treatments
  - Preponderance of evidence that coverage is associated with greater use of pharmacotherapy
  - Evidence of the impact of coverage on use of counseling is ambiguous
Where CHBRP’s Standard Method Works Well

- The bill focuses on a single type of benefit, service, or intervention

- The literature is substantial

- The evidence is consistent and of high quality
When CHBPs’s Standard Method Works Less Well

- Breadth too large to address within 60 days
- Evidence differs across diseases or treatments
- Address terms and conditions of coverage
Standard Analysis
Infeasible in 60 days

- **Challenge:** Number of indications too great for analysis.

- **Dilemma:** How to be responsible when we can’t provide complete information.

- **Bill Example:** Oral Chemotherapy
  - 54 types of cancer; 40 medications
  - Roles of medications in treatment varied
Solution

- Presented general descriptive information about the medications.
Evidence Differs Across Diseases or Treatments

- **Challenge:** Strength of evidence varies across diseases or treatments addressed

- **Dilemma:** How to be responsible when a single conclusion cannot be drawn

- **Bill Example:** Gynecological cancer screening
  - 3 types of cancer & 3 conclusions
Solution

- Carefully write and format report to help readers understand that conclusions differed across the three cancers
  - Cervical – preponderance of evidence favors screening
  - Endometrial – insufficient evidence
  - Ovarian – preponderance of evidence that can detect cancer at an earlier stage *but* insufficient evidence of long-term impact on morbidity and mortality
Insufficient Literature

Challenge: Typical of bills evaluating the impact of a kind of *coverage*, rather than that a treatment itself, on outcomes.

Dilemma: Not enough information to make inferences.

Bill Example: Step therapy for pain medications.
Solution

- Noted the lack of direct evidence of effects on pain relief or control
- Summarized the few available studies on effects on utilization and quality of life
- Discussed the limitations of the literature
Outline

- Brief overview of private health insurance in US and CA
- What are benefit mandates?
- Overview of CHBRP
- Medical Effectiveness analysis approach
- Benefit Coverage, Cost, Utilization analytical approach
- Public Health analysis approach
- Takeaways