



Medical Effectiveness

Laura Grossmann, MPH
Principal Analyst, California Health Benefits Review Program
University of California, Office of the President

California State Legislature
January 19, 2012



Medical Effectiveness (ME)

- Health insurance benefits generally involve screening, diagnosis, and/or treatment of a condition or disease.
- ME:
 - (1) identifies relevant outcomes, and then
 - (2) considers whether available evidence links relevant treatments or services to those outcomes.



CHBRP ME Analytic Approach

- Literature search, retrieval of articles, and article selection for inclusion, as well as inclusion of other evidence, when needed.
- Making a qualitative “call” on the strength of evidence.



ME – Sources

- Well-designed studies published in peer-reviewed journals
 - Randomized Controlled Trials (RCTs)
 - High-Quality Meta-Analyses or Systematic Reviews
 - Evidence-Based Clinical Guidelines
- Other published/documented information
 - Case studies
 - Consensus-Based Clinical Guidelines
- Expert opinion



ME – Terms to Categorize the Body of Evidence

- Clear and convincing evidence
- Preponderance of evidence
- Ambiguous/conflicting evidence
- Insufficient evidence



ME - Outcomes

➤ Screening and Diagnosis

▪ Mammography

- Outcome – correct identification of disease
- Outcome – reduced mortality or better health outcomes

▪ Biopsy

- Outcome – correct confirmation of disease
- Clinical Use Outcome – guide for treatment choices
- Negative Outcome – infections from needle biopsies



ME - Outcomes

➤ Treatments and Services

- Vaccination
 - Outcome – protection from disease
 - Outcome – length of protection
- Lactation Consultation
 - Outcome – successful breast-feeding



Medical Effectiveness

Efficacy of Smoking Cessation Treatments

The literature on the efficacy of behavioral interventions (e.g., counseling, brief advice) and pharmaceuticals for smoking cessation is large and includes numerous meta-analyses of randomized controlled trials (RCTs) the strongest form of evidence for CHBRP analyses. These meta-analyses provide clear and convincing evidence that behavioral and pharmacological treatments and combinations of the two improve quit rates and increase the likelihood of sustained abstinence from smoking. These conclusions about the efficacy of smoking cessation interventions are not likely to be diminished or altered with the publication of new studies, because of the large quantity of literature summarized in the meta-analyses.

ME
Outcome

⁶ Bupropion SR at strengths of 100 or 150 milligrams is the only formulation of bupropion approved by the FDA for smoking cessation. It was originally approved for sale under the brand name Zyban. Other formulations and strengths of bupropion are marketed in the United States but are not approved for smoking cessation.

⁷ *Step therapy* requires an enrollee to try a first-line medication (often a generic alternative) prior to receiving coverage for a second-line medication (often a brand-name medication).

⁸ Section C of SB 136 would request that CHBRP prepare a report by December 31, 2014, evaluating the requirements of this section and determining any state savings as a result of those requirements.

April 7, 2011

3



Effects of Coverage for Smoking Cessation Treatments

The evidence base from which conclusions can be drawn about the effects of coverage on utilization of smoking cessation treatments and abstinence from smoking is much less robust than the evidence base regarding the efficacy of these treatments.

ME
Outcome

Use of smoking cessation treatments

- The preponderance of evidence suggests that persons who have full coverage¹¹ for NRT and/or bupropion are more likely to use these smoking cessation medications than are persons who do not have coverage for them.
- The evidence of the effect of full coverage for smoking cessation counseling relative to no coverage is ambiguous.
- Findings from studies suggest that persons who have more generous coverage for NRT and/or counseling are more likely to use these smoking cessation treatments than are persons who have less generous coverage for them.

ME
Outcome

Abstinence from smoking

- The preponderance of evidence suggests that full coverage for smoking cessation counseling and pharmacotherapy is associated with improved abstinence from smoking relative to no coverage for smoking cessation treatments.

¹¹ For purposes of this report, full coverage for smoking cessation treatments is defined as coverage of all three modalities of smoking cessation.

April 7, 2011

5

