



Appendix 7: CHBRP's Process and Policy for Selecting Content Experts

This document clarifies the process, and serves as guidelines by which CHBRP identifies, screens, and selects content experts for each bill analysis.

This process should be undertaken as early as possible—preferably one week before the Legislature's request for CHBRP bill analysis. If that is not possible, then this process should occur during days 0-4 of the 60-day time period.

Not all bill analyses require the use of a content expert. For example, for a bill that may have a small number of providers (e.g. transplant centers that conduct surgeries for HIV+ patients), the need for a content expert might be filled by conducting a survey of those providers, making use of in-house expertise (e.g. within Milliman) or a combination of the above. This determination will be made on a case-by-case basis.

I. Criteria for Selecting the Content Expert

1. In general, content experts need clinical and/or health services research experience in order to:
 - Advise the medical effectiveness team and other members of the analytic team on:
 - Key literature to facilitate literature review and analysis to determine whether mandated benefit/service/treatment is clinically effective (e.g., state of the art research, research specific to California, summary of evidence on effectiveness)
 - Search criteria for literature review (e.g., medical conditions and outcomes) to assure that the team is using the appropriate search terms to identify key articles
 - Research in progress that could affect the final conclusions of the effectiveness analysis
 - Clinical care management, controversies in practice, and knowledge of specialty society positions and guidelines.
 - Advise cost and public health team on:
 - Incidence and prevalence rates of medical condition (s) addressed by the mandate
 - Bundle of services utilized, and the associated CPT codes, ICD-9 codes, pharmaceuticals, and devices
 - Will those newly covered by the mandate be likely to change utilization?
 - How would the mandate change physician practice patterns?
 - Will utilization of mandated benefit/service produce offsets in current or future utilization? In other words, does mandated benefit/service replace old interventions or become add-ons, complements, or substitute? Is there an associated time-horizon for those cost offsets (i.e. how long would it take for the health care system to realize the cost of those savings—one year, 5 years, etc.)
2. Content experts need to be interested in and willing to work in what may be a controversial area. CHBRP reports are sometimes used in an adversarial context. We need to treat both sides of an issue in a balanced and fair manner in CHBRP reports.

3. Are they clearly identified with one side or another? It does not necessarily disqualify them but we may want to get someone identified with the other side.
 - How comfortable would they be if they were criticized by advocates on one side or another?
4. Content experts need to be available for consultation during the timeframe that they are needed by CHBRP.
5. Content experts must not have a financial, business, or professional conflict of interest (See section below for Conflict-of-Interest Screening Questions)

II. Process for Identifying Potential Content Experts

CHBRP staff will initiate the search for content experts by taking the following steps:

1. Query full Faculty Task Force for recommendations (UC faculty have first priority as content expert, followed by person with California experience)
2. Query other UC research centers (e.g., Public Health Institute)
3. Query Milliman for suggestions
4. Identify NIH grant recipients on subject area
5. Work with Librarian to search for most frequent and/or most recent authors of articles on subject
6. Solicit help from state and national specialty societies
7. Solicit recommendations from candidates who are not available.

III. Process for Screening Potential Content Experts' Qualifications, Interests, Availability

1. Initial Screening: CHBRP staff will conduct initial screening of content experts based on:
 - Clinical and/or health services research experience
 - Strengths and weaknesses of potential expert and how/whether best to use him/her. For example, if he/she would not be a good clinical expert but may be knowledgeable about insurance, access, and the health services research as it relates to the mandate, we may consider him/her as a potential reviewer
 - Interest and willingness to work in a potentially controversial area
 - Availability in general but particularly during the first 3 or 4 days after CHBRP request and for review of draft report
 - Potential Conflicts-of-interest (see following section).
2. Staff will follow-up with fax/e-mail if a written explanation is requested by content expert's assistant.
3. CHBRP staff may interview several potential content experts.
4. CHBRP staff will forward CVs and pertinent information about potential content experts to medical effectiveness, public health, and cost teams for consideration.
5. Once a potential content expert is identified and CHBRP teams agree that the content expert meets criteria, staff will forward these following questions to the content expert:
 - What medical condition(s) related to this mandated benefit, service, treatment have highest prevalence?
 - What is your view of the clinical effectiveness of this mandated benefit, service, treatment for this condition(s)?
 - Are there alternatives that are already generally covered services?

- What key literature will help facilitate literature review and analysis document evidence of the effectiveness of the mandated benefit/service/treatment (e.g., state of the art research, research in progress, research specific to California)?
- What research in progress could affect the final conclusions of the effectiveness analysis?
- What is clinical care management?
- What are controversies in practice?
- What are specialty society positions and guidelines?
- What are search criteria for literature review (e.g., conditions and outcomes) and search terms?
- What are the incidence and prevalence rates of the medical condition addressed by the mandate? What is the population used in the denominator to calculate these rates (entire population, women ages 50+, etc.)?
- Who are current users of care for the medical condition addressed by the mandate (e.g., women ages 50+)? What bundle of services do they utilize, and the associated CPT codes, ICD-9 codes, pharmaceuticals, devices., etc.?
- Who will be newly covered by the mandate? Specifically, how will utilization change as a result of the mandate? Will there be more users (change in utilization rates per 1000), a different mix of services among current users (change in intensity of care per user), or both?
- Will utilization of the mandated benefit produce offsets in current or future utilization?

IV. Process for Screening Potential Content Experts' Potential Conflicts of Interest

These questions are designed to prod the potential content expert to think of and flag potential conflicts of interest (COI) before they undergo the formal written COI review process. CHBRP staff will bring any issues that could potentially prohibit an individual from participating as an expert (but are not obvious grounds for recusal) to the Legislative Director's (or the designee's) attention immediately.

1. Do you have any financial interest in the proposed mandated benefit?
 - Examples of financial conflicts: investments in pharmaceutical companies or medical device manufacturers; relations with drug company with products related to mandate, research funding or own investments related to this mandate?
2. Do you have an interest from an insurance perspective in the proposed mandated benefit?
 - Examples: Have they acted as expert witness, if so, for one or both sides? Member of a task force that has voted on benefit being mandated, testified or taken a public position on mandate?
3. Could your existing research create a perception of bias as it pertains to the proposed mandate?
 - This might arise if a content expert authored research that included recommendations that are substantially similar to or directly oppose the proposed mandate. We would not want to place a content expert in the position of having to objectively evaluate their own research. This is to limit the possibility that outside observers could perceive that our experts may have a documentable, pre-existing bias that the outcome of the CHBRP review be consistent with their own research finding and prior recommendations. Since they are a content expert, it is likely that their name will come up in literature search; however, their work would need to be evaluated to determine whether there is potential for bias.

V. Selecting the Content Expert

1. If the content expert candidate indicates his/her ability, interest, willingness, availability to answer questions, then CHBRP staff will provide a COI form to complete and sign.
2. The content expert candidate completes the COI form and forwards it to CHBRP staff.
3. The COI application is reviewed.
4. CHBRP staff notifies the content expert candidate and the CHBRP analytic teams of COI status.