Appendix 14: Content Expert Identification, Screening, and Selection Protocol

This document clarifies the process and serves as a guideline by which the California Health Benefits Review Program (CHBRP) identifies, screens, selects, and compensates content experts for each bill analysis.

This process should be undertaken as early as possible—preferably 1 week before the Legislature's request for the CHBRP bill analysis. If that is not possible, then this process should occur during days 0 to 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 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 the cost and public health teams 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—1 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. CHBRP needs to treat both sides of an issue in a balanced and fair manner in its reports.
    - Are they clearly identified with one side or another? It does not necessarily disqualify them but CHBRP may want to get a second reviewer identified with the other side.
    - How comfortable would they be if they were criticized by advocates on one side or another?

3. Content experts need to be available for consultation during the full 60-day analytic timeframe.

4. Content experts need to be available for at total of a least two working days during the first three weeks of the analytic timeframe.

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 as needed:

1. Query full Faculty Task Force for recommendations
2. Query other research centers (e.g., Public Health Institute, RAND)
3. Query Milliman for suggestions
4. Identify NIH grant recipients in subject area
5. Identify those who may be affiliated with an Agency for Healthcare Research and Quality (AHRQ) Evidence-based Practice Center conducting related research
6. Work with librarian to search for most frequent and/or most recent authors of articles on subject, especially those who have been involved in Cochrane Collaboration reviews or have participated in the development of clinical guidelines
7. Solicit help from state and national specialty societies
8. Search Academy Health's expertise directory

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, CHBRP 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 via 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 the analytic teams agree that the content expert meets criteria, CHBRP staff will forward questions to the content expert. A standard set of questions is below.

Standard Content Expert Questions to Support Literature Review, Cost & Utilization Baseline Analysis, and Public Health Baseline Analysis

a. What medical condition(s) related to this mandated benefit, service, treatment have the highest prevalence?
b. What is your view of the clinical effectiveness of this mandated benefit, service, or treatment for this condition(s)?
c. What is your view of the cost effectiveness of this mandated benefit, service, or treatment for this condition(s)?
d. Are there alternatives that are already generally covered services?
e. 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)?
f. What are search criteria for literature review (e.g., conditions and outcomes) and search terms?
g. What research in progress could affect the final conclusions of the effectiveness analysis?
h. What are the clinical care management standards or practices associated with the mandate?
i. What are the controversies in practice associated with this mandate?
j. What are the specialty societies related to this mandated benefit and do they have positions or guidelines regarding the mandated benefit?
k. Can you provide CHBRP with the names of any professional or trade journals that are specific to the medical condition or profession involved in delivering the treatment/service that may not be included in databases such as PubMED?
l. What are the <u>incidence</u> and <u>prevalence</u> 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.)?
m. Are there losses in productivity or economic losses associated with the medical condition?
n. Based on your knowledge of the evidence, are you aware of disparities in the health status and outcomes for subpopulations (e.g., uninsured versus the insured, by gender, race, language, or socioeconomic status)?
o. Are you aware of access issues to care for this benefit or service and if so, what do you see as the major barriers to access?
p. Who are <u>current</u> 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.?
q. Who will be <u>newly</u> covered by the mandate? Specifically, how will <u>utilization</u> change as a result of the mandate? Will there be more users (change in utilization rates per 1,000), a different mix of services among current users (change in intensity of care per user), or both?
r. Will utilization of the mandated benefit produce offsets in <u>current</u> or <u>future</u> utilization?

s. Are you aware of any studies that look at the long-term benefits (i.e., greater than one year timeframe) for those who have received this benefit?

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

The questions below 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 CHBRP 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. CHBRP 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, preexisting 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 by CHBRP's Director and, if necessary, legal staff at the University of California, Office of the President (UCOP).
4. CHBRP staff notifies the content expert candidate, and the CHBRP analytic teams of COI status.
5. A content expert candidate whose COI disclosures are cleared is eligible to provide his/her services. The final selection decision will be made in consensus with the analytic teams with greatest emphasis on the preferences of the medical effectiveness team.