CHBRP Approach to Medical Effectiveness Review

California Health Benefits Review Program

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Medical Effectiveness (ME) Analysis

- Answers the question: “does scientific evidence show whether the treatment works?”

- CHBRP provides systematic and objective reviews of evidence.
  - High-quality, peer-reviewed medical literature is preferred.
  - Other sources are used when necessary.
ME Hierarchy of Evidence

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

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

- Expert opinion - if no studies are available
# ME Categories of Evidence

<table>
<thead>
<tr>
<th>clear &amp; convincing</th>
<th>preponderance</th>
<th>ambiguous / conflicting</th>
<th>insufficient</th>
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</thead>
<tbody>
<tr>
<td>It works.</td>
<td>It seems to work.</td>
<td>The evidence cuts both ways.</td>
<td>There is not enough evidence to determine whether it does or does not work.</td>
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<tr>
<td>OR</td>
<td>OR</td>
<td></td>
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<tr>
<td>It doesn’t work.</td>
<td>It seems not to work.</td>
<td></td>
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</tbody>
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ME Examples: Tobacco Cessation

- There is *clear and convincing* evidence that counseling (multiple types) increases long-term abstinence from smoking.
  - Evidence is *ambiguous* regarding the impact of benefit coverage on use of counseling.

- There is *clear and convincing* evidence that pharmacotherapy increases long-term abstinence from smoking.
  - A *preponderance* of evidence indicates that benefit coverage is associated with greater use of pharmacotherapy.