Approach to Medical Effectiveness Review

California Health Benefits Review Program

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Why Payers Should Consider Medical Effectiveness

- Medical Effectiveness (ME) analysis:
  - Provides systematic and objective reviews of pertinent peer-reviewed medical literature.
  - Answers the question: Does scientific evidence show whether these treatments/procedures work?
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 of Information

- 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

➢ Consistent use of concluding statements helps policymakers
  ▪ Clear and convincing evidence: it works
  ▪ Preponderance of evidence: it *seems* to work
  ▪ Ambiguous/conflicting evidence: studies cut both ways
  ▪ Insufficient evidence: few studies meet current criteria for rigor
How CHBRP’s Method Is Used

CHBRP’s standard method works well for bills identifying:

- Treatments with a large body of research evidence.
  - Smoking cessation drugs and programs.
- Treatments for which there is little research evidence.
  - Rare diseases, or treatments that preceded development of evidence-based medicine.
  - Effectiveness of Durable Medical Equipment.
When CHBRP’s ME Method Works Less Well

- More bills require “nonstandard” CHBRP analysis.
- Bill types that do not fit CHBRP ME approach:
  - Breadth too large within 60 days
  - Insufficient literature
Standard Analysis Infeasible in 60 days

- Number of indications too great for analysis.
- **Dilemma:** How to be responsible when we can’t provide complete array of information.
- **Bill Example:** Oral Chemotherapy
  - 54 types of cancer; 40 medications
  - Role of treatment varied
    - Kill cancer cells
    - Prevent cancer recurrence
Solution

➤ Presented general descriptive information about the medications.
Standard Analysis: Insufficient Literature

- Typical of bills evaluating the impact of a kind of *coverage*, rather than a treatment itself, on outcomes.
- **Dilemma**: Not enough information to make inferences.
- **Bill Example**: Prohibit step therapy on pain prescriptions.
Solution

- Focused on effect of step therapy utilization review on level of pain remediation and quality of life.
Summary of CHBRP Medical Effectiveness Analyses

- Treatments with “clear and convincing” evidence of medical effectiveness are generally already covered.
- More bills require “nonstandard” analytic approaches.
- Pending definition of “Essential Health Benefits” in the ACA will require CHBRP to analyze the effect of aligning existing benefit mandates to new federal level.