Putting it all Together: Evidence-Based Health Research and Policymaking in California

California Health Benefits Review Program

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CHBRP’s Impact

 “Analyses are ‘essential lynchpins’”– California Insurance regulator

 “All sides accept CHBRP’s estimates and spend less time arguing over whether there is a cost or not,” -- Insurance industry lobbyist.

 Without CHBRP, “What we’re left with is whatever the proponents are flagging, which is not adequate” -- California advocate.
CHBRP Beyond California

- “Participation … keeps me in touch with larger issues.”

- “There’s a little glamour … being associated with the only program of its kind of a state as prominent in California.”

- “(Benefit mandates) are the most difficult question for policymakers in that they frequently have a great deal of emotionality attached to them. (CHBRP) answers critical questions for policy makers.”
CHBRP Reports Span Broad Range of Topics

- Acupuncture
- Alzheimer’s disease drugs
- Asthma management
- Autism treatments
- Breast cancer screening
- Chiropractic care
- Hearing aids for children
- High deductible health plans
- HPV screening and vaccine
- Inborn errors of metabolism treatment
- Lactation consultation
- Lymphedema treatments
- Mastectomies and lymph node dissection
- Maternity services
- Mental health services
- Orthotic and prosthetic devices
- Osteoporosis screening
- Ovarian cancer screening
- Propofol for colonoscopies
- Rheumatic disease drugs
- Substance disorder services
- Tobacco cessation services
- Transplant services for persons with HIV
- Vision services
- Waiver of mandates
Challenges/ Mitigations

- Uncertain workload
  - Reserve faculty for discrete 3-month period
  - Compensation

- Short 60-day timeframe
  - Templates ensure uniformity between reports.
  - Strong cross-campus working relationships.