



CHBRP 60-Day Timeline of the Analytical Process

CHBRP’s authorizing statute requires that CHBRP provide the Legislature with its analysis within 60 days of having received a request from the referring committee. To meet this deadline, a timeline was developed to coordinate the various analytical processes. Below is an abbreviated version of the CHBRP 60-day timeline that describes in broad terms the steps taken to produce a report.

	Days 0-3
CHBRP Staff	<p>CHBRP staff work with faculty to:</p> <ol style="list-style-type: none"> 1. Identify and screen content expert per protocol 2. Convene conference call so that all potential faculty/staff recusals can be identified 3. Post analysis request on website (including solicitation for information from interested parties by day 19) 4. Work with faculty and with bill author’s office to clarify intent of the bill
Vice Chairs, Task Force Members, Leads	<p>Task Force conference call to:</p> <ol style="list-style-type: none"> 1. Establish leads 2. Select peer faculty reviewer 3. Discuss bill and issues particular to the analysis including content expert 4. Identify areas of draft bill warranting clarification from bill author’s office 5. Discuss conflicts and potential recusals
Cost Team/Actuaries	<ol style="list-style-type: none"> 1. Discuss with internal faculty/staff any potential conflicts so recusals can be identified 2. Confer with content expert and others on call about scope, strategy, and search terms for cost literature review 3. Provide to ME team any mandate-specific questions to add as part of literature review/effectiveness analysis
Medical Effectiveness (ME) Team	<ol style="list-style-type: none"> 1. Work with faculty/staff leads to contact content expert and conduct initial (verbal) conflict-of-interest (COI) screening and complete COI form 2. Discuss with internal faculty/staff any potential conflicts so recusals can be identified 3. Begin to identify search terms 4. In consultation with clinical/content expert, provide librarians with essential bibliography and determine scope of search, search terms, and strategies for librarians 5. Develop a diagram of likely effects of the mandate (e.g., increase in use of treatment vs. increased screening, true and false positives, possible treatment, etc.)
Public Health (PH) Team	<ol style="list-style-type: none"> 1. Discuss with internal faculty/staff any potential conflicts so recusals can be identified 2. Confer with content expert and others on call about scope, strategy, and search terms for public health literature review 3. Provide questions to the ME team regarding literature needed for PH analysis (e.g., prevalence, incidence, racial disparities)
Librarians	<p>Conduct literature search iteratively under direction of ME team with input from content expert (days 0–4)</p>

Days 4-6	
CHBRP Staff	<ol style="list-style-type: none"> 1. Send information regarding subject background, bill intent, and clarifying language to all teams 2. Consult with faculty lead, ME team, content expert, cost team, PH team, and actuaries on health plan/insurer bill-specific coverage survey
Vice Chairs, Task Force Members, Leads	<ol style="list-style-type: none"> 1. Review and comment on health plan/insurer bill-specific coverage survey 2. Suggest any additional (beyond National Advisory Council [NAC]) external reviewers if bill requires specific types of reviewers
Cost Team/Actuaries	<p>► Launch cost literature search:</p> <ol style="list-style-type: none"> 1. Conduct cost literature review (days 4–7) 2. Review and comment on health plan/insurer bill-specific coverage survey
ME Team	<p>► Essential bibliography due:</p> <ol style="list-style-type: none"> 1. Provide UCSF librarians with essential bibliography (key, seminal research) 2. Identify types of services and outcomes to be examined; review search results with content expert and provide feedback to librarian on any additions/modifications needed
PH Team	<p>► Launch public health literature search:</p> <ol style="list-style-type: none"> 1. Conduct public health impact literature review (days 4–7)
Days 7-10	
CHBRP Staff	<ol style="list-style-type: none"> 1. Send bill-specific coverage survey to health plans/insurers 2. Contact NAC reviewers 3. Collect coverage information from available sources and send to cost team/actuaries 4. Compile benefit coverage information for public programs subject to the mandate (such as managed care options offered by CalPERS, Healthy Families, and Medi-Cal) 5. Compile information regarding labor groups' negotiations and CalPERS PPO benefit coverage to assess public demand
Vice Chairs, Leads	Faculty to review benefit coverage information sent by CHBRP staff
Cost Team/Actuaries	<ol style="list-style-type: none"> 1. Decide on strategy for projecting post-mandate utilization 2. Review coverage information sent by CHBRP team
ME Team	<ol style="list-style-type: none"> 1. Identify articles that clinical content expert wants to read in full text 2. Report on search and key literature 3. Continue to collect, review, and synthesize literature for medical impacts (days 10–13)
PH Team	Collect baseline data (e.g., prevalence, incidence, racial disparities, etc.) (days 10–14); provide actuaries information on how data should be cut to meet PH team's needs for analysis
Librarians	<p>► Refined bibliography due:</p> <ol style="list-style-type: none"> 1. Provide ME team and content expert with refined bibliography 2. Provide PH teams and cost team literature search findings per request

	Days 11–14
CHBRP Staff	Health plan/insurer benefit coverage data due; ensure all proprietary information is masked, aggregated, and sent to analysis teams
Vice Chairs, Leads	Review health plan/insurer responses to bill-specific coverage survey
Cost Team/Actuaries	<ol style="list-style-type: none"> 1. Provides utilization data 2. Review health plan/insurer responses to bill-specific coverage survey and identify any gaps 3. Provide PH team with coverage and utilization impacts
ME Team	Prepare draft medical effectiveness analysis tables of key findings including info needed by cost and public health teams.
PH Team	Prepare draft public health tables with baseline information.

	Days 15–20
CHBRP Staff	<ol style="list-style-type: none"> 1. Review information submitted by interested parties and highlight any that would need to be considered by any team(s) in particular 2. Review public health and cost tables from actuaries; provide comments/questions
Vice Chairs, Leads	<ol style="list-style-type: none"> 1. Review information submitted by interested parties and highlight any that would need to be considered by any team(s) 2. Review and comment on draft introduction/background 3. Review public health and cost tables from actuaries; provide comments/questions
Cost Team/Actuaries	<ol style="list-style-type: none"> 1. Review information submitted by interested parties 2. Draft cost tables due from actuaries to cost team/CHBRP staff/faculty 3. Draft tables/data pulls due to PH team/CHBRP staff/faculty 4. Compile information from cost literature (e.g., offsets, substitution effects, shifts to other programs) 5. Draft cost section with placeholders for final cost tables and final cost estimates
ME Team	Review information submitted by interested parties
PH Team	<ol style="list-style-type: none"> 1. Review information submitted by interested parties 2. Decide parameters for public health impact estimate (e.g., outcome measures) 3. Review the public health data pulls and tables; consult with actuaries on proposed revisions

Days 21–25	
CHBRP Staff	<ol style="list-style-type: none"> 1. Review and comment on draft effectiveness section 2. Check for consistency with cost tables; provide comments to ME team
Vice Chairs, Leads	<ol style="list-style-type: none"> 1. Review and comment on draft effectiveness section 2. Check for consistency with cost tables; provide comment to staff lead to compile
Cost Team/Actuaries	<p>FINAL cost tables due from actuaries to cost team/CHBRP staff/faculty FINAL tables/data pulls due to PH team/CHBRP staff/faculty ► 1st draft cost section due</p>
ME Team	► 1st draft medical effectiveness section due
PH Team	► 1st draft public health impact section due
Days 26–31	
CHBRP Staff	<ol style="list-style-type: none"> 1. Check for consistency and content between cost tables and text, and underlying assumptions, as well as consistency among effectiveness, public health, and cost sections 2. Prepare full integrated draft with executive summary and introduction
Vice Chairs, Leads	Check for consistency and content between cost tables and text, and underlying assumptions, as well as consistency among effectiveness, public health, and cost sections
Cost Team/Actuaries	► Revised cost impact section due
ME Team	► Revised medical effectiveness section due
PH Team	► Revised public health impact section due
Days 32–40	
CHBRP Staff	<p>► Full draft due</p> <ol style="list-style-type: none"> 1. Send to content expert, full task force, peer faculty reviewer 2. Revise based on comments from task force, content expert, cost team/actuaries
Vice Chairs, Leads	Review and send comments to CHBRP staff to compile integrated draft report
Cost Team/Actuaries	Review and send comments to CHBRP staff to compile integrated draft report
Days 41-45	
CHBRP Staff	► Revised full draft sent to NAC, editor, and any other external expert reviewer. Send NAC review version to faculty lead and analytic team. Editor's review will happen concurrently with NAC review, with a final proofread by the editor on day 50

	Days 46–49
CHBRP Staff	<ol style="list-style-type: none"> 1. Comments received by NAC, editor, designated task force members, other external reviewers 2. Forward comments to faculty lead, Vice Chairs, teams, and actuaries
Vice Chairs, Leads	<ol style="list-style-type: none"> 1. Faculty lead to review NAC and editor comments and work with teams to ensure all comments are addressed
Cost Team/Actuaries	<p>► Final revised cost section due:</p> <ol style="list-style-type: none"> 1. Work with CHBRP staff and faculty to revise in response to reflect NAC and editor comments 2. Send final revised section to CHBRP staff by day 49
ME Team	<p>► Final revised cost section due:</p> <ol style="list-style-type: none"> 1. Work with CHBRP staff and faculty to revise in response to reflect NAC and editor comments 2. Send final revised section to CHBRP staff by day 49
PH Team	<p>► Final revised cost section due:</p> <ol style="list-style-type: none"> 1. Work with CHBRP staff and faculty to revise in response to reflect NAC and editor comments 2. Send final revised section to CHBRP staff by day 49
	Days 50-54
CHBRP Staff	<p>Report editing, layout, and production</p> <ol style="list-style-type: none"> 1. Send draft to editor for final proofread 2. CHBRP staff sends draft to faculty lead and vice chairs with editor’s final proofread comments
Vice Chairs, Leads	Review and sign-off on revised, edited report or specify remaining changes
	Days 55-59
CHBRP Staff	<ol style="list-style-type: none"> 1. Revisions to incorporate final Vice Chair changes 2. Provide final version to Provost, SVP of Health Sciences and Services; final formatting and proofing and any changes in response to SVP’s review
	Day 60
CHBRP Staff	<p>► Final report sent to State Legislature:</p> <ol style="list-style-type: none"> 1. Electronic version of report (.PDF format) transmitted to bill authors, to requesting committees by e-mail, and posted on website 2. CHBRP mailing list notified