

# How States are Already Using Comparative and Cost-effective Research to Make Policy Decisions

## The Second National Comparative Effectiveness Summit

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# The State Dilemma

## States in political vise:

- Advocates and industry want maximum service
- Taxpayers want to limit expenditures
- Highest demand during economic downturn
- States are the safety net for low income persons
- It's not IF they ration but HOW they ration

# State Response to Tightening Vise

- Generally:
  - Reducing Eligibility for State Medical Assistance
  - Cutting Provider Payments
  - Cutting Categories of Care
- Some:
  - Recognize Cost/Technology Nexus
  - Recognize that harms > benefits of some treatments
  - Demanding Higher Standard of Evidence for Payment
  - Open to Pragmatic, High Quality, Independently Produced, Comparative Effectiveness Research

# State Experience Using CER: Some Sources

- Industry
- Evidence-based Practice Centers
- US Preventive Services Task Force
  - Results, methods and example
- Drug Effectiveness Review Project
  - State's own motion, direct application
- Medicaid Evidence-based Decisions
- Commercial and International HTA

# DERP

- Systematic reviews based on USPSTF methods
- Public input on Key Questions
- Global literature search
- Solicit industry research
- Appraisal of research
- Synthesis of best quality research
- Universal peer review
- Final product in public domain

# DERP Transparency

- Draft KQs posted and comments incorporated
- Full disclosure of methods and sources
  - Which studies included and why
  - Which studies not included and why
  - All industry submissions on request
- Universal peer review w/ comments public
- Final report in public domain

# Reports Completed by DERP

- All major cardiovascular drug classes
- All major mental health drug classes
- Drugs to treat Diabetes
- Drugs to treat Asthma
- NSAIDS & other Arthritis Drugs
- Opioids

# How Drug Research is Used

- Objectives
  - Improve health
  - Increase value for \$
- Preferred Drug Lists
  - Advisory
  - Soft edit
  - Hard edit
- Prescriber Education



# Medicaid Evidence-based Decisions (MED)

- Focused on interventions of all kinds
  - Diagnostics
  - Devices
  - Procedures
  - Programs
- Range of research products
  - Quick overview to systematic reviews
  - Best available evidence (update)
  - Poor evidence base
  - Existing high quality SR available

# Reports Completed by MED

- High Tech Imaging
- Dental Interventions
- Substance Abuse & Smoking
- Surgical Interventions
- Programs
  - DME
  - Disease Management

# Uses for MED Reports

- Set criteria for payment
  - Vacuum wound closures
  - Back surgery
- Compare harms & efficacy
  - Knee arthroscopy for OA
  - CT vs. MRI
- Program evaluation
  - DME Contracting
  - Disease Management

# Cost Effectiveness

- States are wary of methods
  - Effectiveness
  - Modeling
  - Metrics
- Often Unnecessary
  - Harms exceed benefits
  - No proven benefit or advantage

# Lessons Learned

- Publicly sponsored and governed project can produce highest quality evidence in U.S.
- Research informs not dictates policy
- Structure of industry interface important
  - Need evidence not lobbying (independence)
  - Must be formal
  - Must be transparent
- Cost must be considered (policy process)
- Big gaps in evidence need filling

# Contact Information

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