

Evidence-Informed Health Policy: Limiting Rationing and Increasing Health Value for Dollar through CER

Comparative Effectiveness Summit

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Funding Sources

Center for Evidence-based Policy funding:

- State Agencies and Programs
- Federal Agencies
- Oregon Not for Profit organizations
- Milbank Memorial Fund

Evidence-Informed Health Policy: Limiting Rationing and Increasing Health Value for Dollar through CER

- Context and Background for States
- Drug Effectiveness Review Project
- Medicaid Evidence-based Decisions Project
- Lessons Learned
- Policy Construct for Limited Resources
- Political Implications

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 LIMIT rationing

State Response to Tightening Vise

- Generally:
 - Reducing Eligibility for State Medical Assistance
 - Cutting Provider Payments
 - Cutting Categories of Care
- Some:
 - Recognize Technology, Practice and System Factors that Reduce Value and Drive Cost
 - Demanding Higher Standard of Evidence for Payment
 - Seeking Pragmatic, High Quality, Independently Produced, Comparative Effectiveness Research

Why Do We Need Evidence-informed Policy?

“Professional good intentions and plausible theories are insufficient for selecting policies and practices for protecting, promoting and restoring health.”

Iain Chalmers

Some Examples :

- Babies sleeping on their stomachs
- Hormone Therapy
- Corticosteroids in Brain Injury
- Vioxx
- Bone Marrow Transplants in Breast Cancer

State Experience Using Evidence-informed Policy

- Vendor Supplied Research
- US Preventive Services Task Force
 - Results, methods and example
- AHRQ Effective Health Care Program
- PBMs & other evidence vendors
- Drug Effectiveness Review Project
- Medicaid Evidence-based Decisions

DERP

- Established in 2003
- Self-governed collaboration of 10 states and CADTH
- Administered by Center for Evidence-based Policy
- Research conducted by federally designated EPCs

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
- Universal peer review w/ comments public
- Final report in public domain

Reports Completed by DERP

- 2nd Generation Antidepressants
- 2nd Generation Antihistamines
- Alzheimer's Drugs
- Angiotensin Converting Enzyme Inhibitors
- Angiotensin II Receptor Antagonists
- Anti-Epileptic Drugs
- Anti-platelet Drugs
- Controller Drugs for Asthma
- Atypical Antipsychotics
- Quick Relief Medications for Asthma
- Beta Adrenergic Blockers
- Calcium Channel Blockers
- Combination Drugs for Hypertension & Hyperlipidemia
- Constipation Drugs
- Newer Diabetes Drugs
- Renin Angiotensin Aldosterone System Drugs
- Drugs to treat ADHD
- Hepatitis C Drugs
- Hormone Replacement Therapy
- Long-acting Opiates
- MS Drugs
- Neuropathic Pain Drugs
- Newer Antiemetics
- Newer Insomnia Drugs
- NSAIDS
- Oral Hypoglycemics
- Overactive Bladder
- Proton Pump Inhibitors
- Skeletal Muscle Relaxants
- Statins
- Targeted Immune Modulators
- Thiazolidinediones
- Topical Calcineurin Inhibitors
- Triptans
- 59 updated reports completed

DERP Results

- Good evidence, no significant differences (PPIs)
- No good comparative evidence (Opioid Analgesics)
- Good evidence, marginal differences (Triptans)
- Good evidence, significant clinical differences (glitazones)
- Even classes with good evidence often have significant gaps (subpopulations)

Medicaid Evidence-based Decisions (MED)

- Evolved to meet policy needs
 - Focused on interventions of all kinds
 - Diagnostics
 - Devices
 - Procedures
 - Programs
- Range of research products
 - Few new systematic reviews
 - Time and resources are limited
 - Poor evidence base
 - Existing high quality SR available

Sample Reports Completed by MED

- Role of Percutaneous Coronary Intervention in Patients with Stable Angina
- Autism Treatment for Children and Adolescents
- Breast MRI- Risk Assessment Models
- Prior Authorization (PA) Imaging Cervical Spine
- PA Imaging Dementia
- PA Imaging Headaches
- PA Imaging Knee Pain
- PA Imaging Low Back Pain
- PA Imaging Shoulder Pain
- PA PET in Malignancy
- PA Screening US in Pregnancy
- Effectiveness of Diabetes Prevention Programs
- Prevention and Non-Surgical Treatments for Overweight and Obese Adults
- Arthroscopy of Knee for Osteoarthritis
- Chronic Pain Interventions for Lower Back Pain
- Opioids for the Management of Acute Pain
- Spinal Surgery
- Stereotactic Radiosurgery and Intensity Modulated Radiation Therapy
- Dental Radiographs for Diagnosing Caries
- Examining the Scope of Practice for Dental Hygienists and Assistants
- Orthodontics for Children and Adolescents
- Disease Management Programs (3 Reports)
- Early Periodic Screening and Diagnosis Treatment (4 Reports)
- Telehealth and telemetric monitoring (2 reports)
- Sleep Disorders in Children
- Alcohol Abuse
- Smoking Cessation in Pregnancy
- Substance Abuse
- Transplant Centers of Excellence
- Vacuum Wound Closures
- Total Participant Inquiries = 40

MED Results

- Significant Savings on high tech imaging
 - CT angiography
 - Imaging utilization and billing practices
- Self-monitoring of blood glucose
- Autism guidelines
- Vacuum wound closures
- Knee arthroscopy in OA
- Durable medical equipment

Terbutaline for Preterm Labor



U.S. Department of Health & Human Services

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U.S. Food and Drug Administration

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FDA Drug Safety Communication: New warnings against use of terbutaline to treat preterm labor

Safety Announcement

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Safety Announcement

[02-17-2011] The U.S. Food and Drug Administration (FDA) is warning the public that injectable terbutaline should not be used in pregnant women for prevention or prolonged treatment (beyond 48-72 hours) of preterm labor in either the hospital or outpatient setting because of the potential for serious maternal heart problems and death. The agency is requiring the addition of a *Boxed Warning* and *Contraindication* to the terbutaline injection label to warn against this use. In addition, oral terbutaline should not be used for prevention or any treatment of preterm labor because it has not been shown to be effective and has similar safety concerns. The agency is requiring the addition of a *Boxed Warning* and *Contraindication* to the terbutaline tablet label to warn against this use.

Terbutaline is approved to prevent and treat bronchospasm (narrowing of airways) associated with asthma, bronchitis, and emphysema. The drug is sometimes used off-label (an unapproved use) for acute obstetric uses, including treating preterm labor and treating uterine hyperstimulation. Terbutaline has also been used off-label over longer periods of time in an attempt to prevent recurrent preterm labor.

Lessons Learned

- State sponsored and governed projects can produce best available evidence
- Evidence 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

An Evolving Policy Construct (Eddy)

- Resources are limited
- Cost of services must be considered
- Priorities must be set
- Some beneficial services won't be provided
- Objective is to maximize population health
- All patients should be treated equitably
- Determine priority on benefit, harm, and cost

Evolving Policy Construct (continued)

- Empirical evidence should trump subjective
- Criteria for treatment use
 - Evidence that it is better than nothing for population
 - That benefit outweighs harms in improving health
 - Comparatively better than other treatment at improving population health
 - When determining whether the treatment satisfies the three criteria above, the burden of proof must lie with people advocating the use of a service
- Outcomes should reflect preference of patients

Politics

- Rationing
- Governance
- Racial and ethnic disparities
 - More thorough the evidence the more policy can account for differences
 - Identifies gaps that need to be filled
 - Helps address cost which disproportionately affects minorities
- Knowledge is the foundation for honest debate
- Resource limits dictate value purchasing

Contact Information

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