THE ROAD TO EVIDENCE-BASED DECISION MAKING: STEPS FOR USING RESEARCH TO INFORM STATE POLICY

Thursday, August 14, 2014
2:00 – 3:30pm Eastern

The audio portion of this event will be broadcast through your speakers. You may also access it by dialing: 866-800-3832.

This event is sponsored through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington Engagement Award.
## Agenda

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<td>2:00-2:05pm</td>
<td><strong>Welcome and Introductions</strong></td>
<td>Moderator: Barbara Wirth, Program Manager, NASHP</td>
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<td>2:05-2:15pm</td>
<td><strong>What is Patient-Centered Outcomes Research and How Can it Be Used in Policymaking?</strong></td>
<td>Speaker: Greg Martin, Deputy Director of Stakeholder Engagement, Patient-Centered Outcomes Research Institute</td>
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<td>2:15-2:35pm</td>
<td><strong>Overview of NASHP’s Roadmap</strong></td>
<td>Speaker: Barbara Wirth, Program Manager, NASHP</td>
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<td>2:35-2:55pm</td>
<td><strong>The Roadmap In Action: How Are States Using Research to Inform Decision Making?</strong></td>
<td>Speakers: Joan Kapowich, Special Assistant to the Chief Operating Officer, Oregon Health Authority Judy Zerzan, Chief Medical Officer and Deputy Medicaid Director, Colorado Department of Health Care Policy and Financing</td>
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<td>2:55-3:25pm</td>
<td><strong>Questions and Discussion</strong></td>
<td>Moderator: Barbara Wirth, Program Manager, NASHP</td>
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<td>3:25-3:30pm</td>
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What is Patient-Centered Outcomes Research and How Can it Be Used in Policymaking?

Greg Martin
Deputy Director, Stakeholder Engagement

The Road to Evidence-Based Decision Making:
Steps for Using Research to Inform State Policy
NASHP Webinar
August 14, 2014
Why PCORI?

- Research has not answered many questions patients face.
- People want to know which treatment is right for them.
- Patients need information they can understand and use.
PCORI Has a Broad and Complex Mandate

“The purpose of the Institute is to assist patients, clinicians, purchasers, and policymakers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis...and the dissemination of research findings with respect to the relative health outcomes, clinical effectiveness, and appropriateness of the medical treatments, services...”

-- from Patient Protection and Affordable Care Act
Mission

PCORI helps people make informed health care decisions, and improves health care delivery and outcomes, by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader health care community.
Our Focus

Comparative Clinical Effectiveness Research

- Patient-centered
- Answering questions that matter to patients and other clinical decision makers
- Comparisons of outcomes that matter to patients
What is Patient-Centered Outcomes Research (PCOR)

PCOR helps people and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options.

This work answers patients’ questions.

- **Given my personal characteristics, conditions, and preferences, what should I expect will happen to me?”**
- **What are my options and what are the potential benefits and harms of those options?”**
- **What can I do to improve the outcomes that are most important to me?”**
- **How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?”**
Our National Priorities for Research

- Assessment of Prevention, Diagnosis, and Treatment Options
- Improving Healthcare Systems
- Communication & Dissemination Research
- Addressing Disparities
- Accelerating PCOR and Methodological Research
PCORI Emphasizes *Engagement* for Getting to Practical, Useful Research

We engage stakeholders at every step.

- Advise Us on What to Should Study
- Review Proposals and Partner in Research
- Tell Us How We’re Doing
- Help Us Share the Findings
PCORI’s Merit Review Process

Applications are reviewed against five criteria:

1. Impact of the condition on the health of individuals and populations
2. Potential for the study to improve healthcare and outcomes
3. Technical merit
4. Patient-centeredness
5. Patient and stakeholder engagement

- Applications are reviewed by a committee of two scientists, one patient, and one other stakeholder
- PCORI’s Board of Governors makes funding decisions based on merit review and staff recommendations
Funded Projects to Date

Total number of research projects awarded: **313**

Total funds awarded: **$549 million**

Number of states where we are funding research: **38 states** (plus the District of Columbia and Quebec, Canada)
# Snapshot of Funded Projects

## Selected Conditions Studied

(Broad Funding Cycles through Dec. 17, 2013)

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Number of Studies Funded</th>
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<tbody>
<tr>
<td>Cardiovascular Diseases</td>
<td>40</td>
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<tr>
<td>Mental Disorders</td>
<td>37</td>
</tr>
<tr>
<td>Cancer</td>
<td>31</td>
</tr>
<tr>
<td>Endocrine System Diseases</td>
<td>21</td>
</tr>
<tr>
<td>Nervous System Diseases</td>
<td>19</td>
</tr>
<tr>
<td>Musculoskeletal Diseases</td>
<td>13</td>
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## Selected Populations Studied

(Broad Funding Cycles through Dec. 17, 2013)

<table>
<thead>
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<th>Populations</th>
<th>Number of Studies Funded</th>
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</thead>
<tbody>
<tr>
<td>Racial/Ethnic Minorities</td>
<td>89</td>
</tr>
<tr>
<td>Older Adults</td>
<td>70</td>
</tr>
<tr>
<td>Socioeconomic Status</td>
<td>61</td>
</tr>
<tr>
<td>Rural</td>
<td>51</td>
</tr>
<tr>
<td>Children</td>
<td>32</td>
</tr>
<tr>
<td>Urban</td>
<td>23</td>
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The National Patient-Centered Clinical Research Network (PCORnet)

Clinical Data Research Networks
System-based networks, such as hospital systems
- 11 Networks
- $76.8 Million Awarded

Patient-Powered Research Networks
Patients with a single condition form a research network
- 18 Networks
- $16.8 Million Awarded

Coordinating Center
Provides technical and logistical assistance under the direction of the Steering Committee and PCORI staff
How Can PCOR Be Used in Policymaking?

- PCOR seeks to answer many questions patients face.
- PCOR helps people evaluate which treatment is right for them.
- PCOR provides understandable and useful information.
A ROADMAP FOR STATE POLICYMAKERS TO USE COMPARATIVE EFFECTIVENESS AND PATIENT-CENTERED OUTCOMES RESEARCH TO INFORM DECISION MAKING

THIS PROJECT WAS SUPPORTED THROUGH A PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) EUGENE WASHINGTON ENGAGEMENT AWARD.
**BACKGROUND**

- **Advisory Group**: 18 predominately state policymakers from multiple state agencies
- **National Survey**: distributed to 494 state health policymakers; 130 respondents from 48 states and DC
- **Individual and Group Interviews**
- **Companion Document**: 
  - Programs Used by State Policymakers to Leverage Comparative Effectiveness Research and Patient Centered Outcomes Research
THE ROADMAP
AN OVERVIEW

1. Identifying When Comparative Effectiveness and/or Patient-Centered Outcomes Research can Inform Policymaking

2. Finding Research and Other Relevant Resources

3. Evaluating the Evidence

4. Using the Evidence to Design a Program or Policy

5. Communicating and Disseminating the Decision

6. Monitoring and Evaluating New Research As It Becomes Available
Step 1: Identifying When Comparative Effectiveness and/or Patient-Centered Outcomes Research Can Inform Policymaking

**Key Questions**

- What are the desired outcomes for the intervention under consideration?
- Would comparative effectiveness or patient-centered research help in understanding the best course of action to reach the desired outcomes?
- Do stakeholders, experts, and colleagues recognize the utility of CER and PCOR in their work?
**Step 1: Identifying When CER and/or PCOR Can Inform Policy Making**

- **Short-term strategies**
  - Examine whether issues lends itself to CER and/or PCOR

- **Medium-term strategies**
  - Engage knowledgeable individuals in the decision-making process

- **Long-term Strategies**
  - Create state entities to promote the use of CER/PCOR
  - Establish relationships with leading states using CER/PCOR
  - Raise awareness and create culture promoting use of evidence-based findings
Step 2: Finding Research and Other Relevant Resources

**Key Questions**

*Questions to ask during this step:*

- What types of research and resources are needed to help make an informed decision?
- Where can the relevant research and resources be found?
- Who can help find relevant research and resources?
- Has another agency or state already conducted or reviewed research for a similar policy or program decision?
- What can be done when research or other resources are not currently available?
STEP 2: FINDING RESEARCH AND OTHER RELEVANT RESOURCES

• Short-term Strategies
  – Use available staff and other entities
  – Develop contacts with academic centers

• Medium-term strategies
  – Create partnerships with academic centers
  – Coordinate with other agencies to pool resources

• Long-term Strategies
  – Contract with independent research organizations
  – Establish formal multi-stakeholder collaboratives within a state
  – Join or establish multi-state collaboratives
Step 3. Evaluating the Evidence

**Key Questions**

Questions to ask during this step may include:

- How were the patients or participants selected?
- Was the approach used to analyze the results valid?
- Was the study “patient-centered” and did it include the patient perspectives and priorities?
- What studies besides specific comparative effectiveness research studies might be useful to compare the impact of different interventions?
- How can studies with conflicting findings be evaluated?
- Has enough evidence been found to make an informed decision?
- Who can help evaluate the research findings?
STEP 3: EVALUATING THE EVIDENCE

• Short-term Strategies
  – Determine if evidence has already been evaluated
  – Use multiple sources
  – Evaluate for risk of real or potential bias

• Medium-term Strategies
  – Utilize tools to rank evidence
  – Conduct systematic reviews for multiple single-intervention studies

• Long-term Strategies
  – Establish opportunities to educate policymakers and others on use of evidence in decision making
  – Develop formal training curriculum for policymakers
Step 4: Using the Evidence to Design a Program or Policy

**Key Questions**

Questions to ask during this step may include:

- What local, regional, or state data should be used to inform your decision?
- Is implementation of a specific intervention feasible?
- Are there time or resource constraints that will impact feasibility?
- Is there enough buy-in from leadership and stakeholders that this intervention can be successfully implemented?
Step 4: Using Evidence to Design A Program or Policy

• Short-term Strategies
  – Maintain involvement of multiple stakeholders throughout the process
  – Use date to assess whether intervention is a ‘good fit’

• Medium-term Strategies
  – Assess local infrastructure and analyze readiness for program implementation
  – Obtain leadership buy-in

• Long-term Strategies
  – Secure support for a more effective intervention
  – Pursue private and federal funding to support the use of CER and PCOR within decision making
Step 5: Communicating and Disseminating the Decision

**Key Questions**

Questions to ask during this step may include:

- How will different stakeholders react to this decision?
- What information is most important to provide the various stakeholder groups?
- How should the information be presented and delivered to reach different groups?
- Who are the most appropriate representatives to communicate the decision?
“Regardless of how good the idea, concept, or program is, if it’s not properly communicated and implemented it lacks ultimate effectiveness.”  

State Employee Health Plan Official

Strategies

– Communicate policy decision using content that is real and relevant to those impacted by the decision
– Use different formats and venues to reach different audiences
– Determine best level of leadership to communicate the decision
– Recruit stakeholders external to state government when appropriate
Step 6: Monitoring and Evaluating New Research as It Becomes Available

**Key Questions**

Questions to ask during this step may include:

- What information is needed to evaluate the effectiveness of the selected intervention?
- How can new research be used to impact an existing program or policy?
- How can policymakers build flexibility into programs and policy decisions to ease the use of new research evidence to make modifications?
Strategies

– Create an evaluation process for the program or policy
– Review new research as becomes available
– Build a process with some flexibility to modify a program or policy
  
  • *Example*: Coverage with Evidence Development (CED) process to make conditional payments for the intervention while collecting data to show the impact on specific outcomes
The Oregon Experience with State and Educational Employees

Joan Kapowich
Special Assistant to the Chief Operating Officer
Oregon Health Authority
The Oregon State and Educational Employees’ Benefits Boards

- Two benefit boards for 280,000 employees, early retirees and dependents
- Boards govern benefits – labor, management and health policy/insurance experts
Step 1: Identifying when can CER and/or PCOR inform decision making

- Oregon history – The Prioritized List, comparative effectiveness research, Health Effectiveness Review Commission (HERC), Drug Effectiveness Review Program (DERP), Medicaid Evidence Based Decisions Project (MED)
- Oregon statutes for employee benefits to consider “improvement in employee health”
- U.S. Preventive Services Task Force – covered at 100%, pre-ACA
- Tobacco cessation at 100%, weight management 100%, generics for chronic conditions 100%
- Low value services or “Preference sensitive” services- cost members more – hip and knee replacements, arthroscopies, low back surgery, gastric bypass surgery, sleep studies – members pay additional $100 or $500 in cost sharing, link with decision support modules
Step 2: Finding research and resources

- U.S. Preventive Task Force
- HERC
- DERP
- AHRQ
- Dartmouth Atlas
- Choosing Wisely
- Health carriers
Step 3: Evaluating the evidence

• Early on – board research benefits (e.g. gastric bypass)

• Let the experts do it
  • Defer to existing evidence from respected sources (HERC/Coverage Guidance, The Prioritized List, Formulary Updates with DERP, USPSTF)

• Consider other sources (e.g. Choosing Wisely or carriers)
Step 4: Using the evidence to design a program or policy

• Substance abuse treatment a recent example – pulling data from multiple sources to cover at 100% to encourage treatment without barriers – an area where misperceptions exist

• New services on additional cost tier – added gastric bypass, tonsillectomies, uncomplicated inguinal hernias, partial knee and hip replacements

• Use evidence on BMI and success of joint replacements to add criteria to carrier agreements
Step 5: Communicating and disseminating the decisions

- Open process – stakeholders at HERC and board meetings

- An issue when it costs you more money – you the employee/member, or state

- Why are you charging me more?

- What is the ROI? What is the cost of doing nothing?

- Developed our own materials for the additional cost tier

- Point to sources of data on evidence based centers, AHRQ, decision support module references
Step 6: Monitoring and evaluating new research as it becomes available

- Utilization, cost impact and complaints can be tracked
- Do not reinvent the wheel – if already proven

**Healthy Team Healthy U**
- Wellness program with no barriers, no cost to services
- Research and design for nearly 20 years
- Extremely effective and low cost team based health promotion program
- Do you need to repeat the evaluation of evidence or just satisfaction with program?

- Weigh harms and benefits – what do you have resources to accomplish?
Healthy Team Healthy U Program

https://oebb.healthyteam-secure.com/public/
COLORADO MEDICAID BENEFITS MANAGEMENT

Judy Zerzan
Chief Medical Officer and Client and Clinical Services Office Director
Colorado Department of Health Care Policy and Financing
• Pre-benefits collaborative 4 years ago

• How to incorporate best evidence (Step 1)

• Creating policy documents (Steps 2-4)
  • Internal staff
  • Hiring contractors

• Public meetings and approval
• Defined benefit categories
  • Children’s dental
  • Reproductive services
• Imaging services:
  • Echocardiograms
  • Low back imaging
  • Bone mass measurement
Reviewing Current Policies (Step 6)

- Review process that categorizes and prioritizes
  - Intensity of current clinical research
  - Alignment with Department objectives
  - Effectiveness
  - Net cost

- At minimum, include these standard elements:
  - Peer state policy review to identify national trends
  - Clinical guideline review, including sources such as the National Guidelines Clearinghouse and the Agency for Healthcare Research and Quality reports
  - Medicare and CMS policy comparison
  - Internal review of benefit utilization rates among the current Medicaid population

- Use of public policy control document(s) that include:
  - Summary of the proposed policy change and evidence supporting the change
  - Organizations that have recommended or adopted the changes
  - Conclusions and recommendations
Reviewing Current Policies (Cont.)

• Include a Comparative Effectiveness research component - relative effectiveness, benefits and harms of new treatment options compared to current

• Create a Listening Log that documents ongoing stakeholder requests:
  • Identity of person making request
  • Summary of the evidence submitted by stakeholder
  • Summary of the criteria used in evaluating the evidence

• Shorten traditional Benefits Collaborative Process:
  • Engaging stakeholders at the outset of the process to maximize the efficiency of review
  • Public noticing in lieu of stakeholder meetings
Examples of Updating Policies

• No new evidence = Women’s health
  • Ultrasounds in normal pregnancy

• New evidence or information = Family planning
  • New guidelines from CDC
Questions and Discussion

Please enter your questions in the chat box.
Thank you!

Your opinion is important to us. After the webinar ends you will be redirected to a web page containing a short survey. Your answers to the survey will help us as we plan future NASHP webinars.