How can Evidence-Based Policymaking Help State Health Policymakers?

An evidence-based approach to policymaking enables states to direct health care resources toward the clinical care and health service delivery models most likely to deliver the results state health policymakers seek: better health outcomes through the efficient stewardship of public funds. While working to design and implement effective health policy to that end, states frequently face changing federal and state priorities. These changes, along with rising health care costs, often put additional pressures on states to do more with less, making an evidence-based approach to health policymaking even more important for its ability to help states identify what works best in terms of clinical care and delivery models, and for which patients or populations.

States that have committed to evidence-based approaches have seen impressive results. For example, Washington, a national leader in evidence-based policymaking, saw a 44 percent sustained decline in opioid overdose deaths between 2008 and 2015, a time period when many states were seeing the opposite trend with alarming increases in death rates. This decrease is in part attributed to the state’s evidence-based opioid prescribing guidelines, developed by the Agency Medical Directors’ Group (AMDG). The AMDG collaborates with a number of evidence-based policy programs in Washington, such as the Washington Health Technology Assessment (HTA) program, which makes coverage recommendations intended to prevent the underuse, overuse, or misuse of medical technologies and procedures. Though
precise figures on savings resulting from the HTA’s evidence-based coverage recommendations are difficult to quantify, a conservative estimate of the HTA’s impact expected a return of $21 million in savings from the initial investment of $1 million in the program’s first year. In addition to generating savings realized from the appropriate use of health care resources, an evidence-based approach to health policymaking can both build from and help advance a culture of transparency and trust between a state and key stakeholders such as patients, consumers, and families, as well as clinicians, employers, and payers.

States use various types of evidence in policymaking, including comparative effectiveness research (CER) and patient-centered outcomes research (PCOR). In the face of the diverse array of options for drugs, devices, procedures and treatments, CER provides important insights into how different options stack up against each other in terms of quality, efficacy, safety, and depending on the funder, cost. PCOR, often a subset of CER, is specifically designed to focus on outcomes of most importance to patients. The Patient-Centered Outcomes Research Institute (PCORI) is a major source of PCOR. PCOR, because it incorporates the patient perspective, can help give states a kick-start in designing and implementing evidence-based policies and programs most likely to actively engage patients and therefore achieve desired health outcomes.

In August 2014, the National Academy for State Health Policy (NASHP) published “A Roadmap for State Policymakers to use CER and PCOR to Inform Decision Making,” a step by step guide for taking on this work. From November 2015 to March 2017, NASHP convened a three-state learning collaborative with cross-agency teams of state officials, university partners, and consumers from Alabama, Colorado, and Massachusetts. The collaborative was supported by PCORI and implemented through a partnership with the Milbank Memorial Fund and the Center for Evidence-based Policy (CEbP). The 20-month experience allowed participating states to put the Roadmap into practice, yielding many insights into effective approaches to evidence-based policymaking, including challenges states may face and strategies for addressing them. This brief shares those insights. For companion documents detailing each state’s individual goals and outcomes from the learning collaborative, please click here.

**Strategies and Considerations for States in Evidence-based Policymaking**

While state policymakers may recognize that evidence is a powerful tool for developing effective state health policies, finding, evaluating, and applying the right evidence is challenging. This is especially true for busy state officials balancing numerous priorities. Throughout NASHP’s learning collaborative, state teams had the opportunity to pilot the process of locating and evaluating evidence to inform state policy decision-making with support from NASHP and CEbP. Throughout this process, state teams raised some of the following important questions about evidence-based state health policymaking and worked together to identify considerations and tangible strategies.

1. **How and where can states find credible evidence?**
   States teams expressed that the process of locating the appropriate evidence to inform a specific state health policy or program is a challenging task in itself. The volume of research available online can seem overwhelming at times. In addition, state officials are often inundated with new research from a variety of advocacy organizations, special interest groups, and others, asking states to cover emerging medical treatments and technologies. In this environment, it is difficult for state policymakers to identify credible, unbiased research that can support the development of effective state health policies.
Strategies and Considerations:

• Of the numerous forms of available evidence, systematic reviews rise to the top of useful sources of information. As opposed to individual research studies, high quality systematic reviews use a comprehensive process to evaluate and summarize available research on a given topic. When faced with a large volume of available research on a particular topic, limiting searches on databases such as PubMed to systematic reviews can make the search process more manageable. Systematic reviews must be critically assessed for their quality and credibility however, including potential conflicts of interest. For guidance on assessing the quality of a systematic review, please click here.

• A number of programs exist at the state and national levels to support the generation, synthesis, analysis, and implementation of research in policymaking. Searchable databases and registries such as PubMed, the National Guidelines Clearing House, and the National Registry of Evidence-based Programs and Practices are just a few resources for research, including CER and PCOR. Policymakers also can monitor emerging research as it becomes available through organizations such as PCORI or the Agency for Healthcare Research and Quality (AHRQ). In addition, policymakers can use resources such as PROSPERO to search a registry of forthcoming systematic reviews and find out when new evidence will become available. For a guide to databases, registries, and resources policymakers can use to find readily available evidence, including CER and PCOR, please click here.

After testing these strategies, learning collaborative states shared that finding the right evidence requires practice and time to hone research skills. Some noted that it would be preferable for state agencies to contract with other organizations to perform this type of work. While individual state agencies may face fiscal constraints that prohibit this approach, there may be opportunities for multiple state agencies to consider pooling their resources to contract out for evidence reviews that benefit multiple agencies in improving their policies and programs. Whether state agencies decide to conduct evidence reviews themselves or contract with external organizations, it is important that policymakers are armed with the right tools for understanding and evaluating evidence in order to decide how to best use it. States agreed that though difficult at first, it is well worth the investment to develop evidence-based decision making skills within state agencies.

2. What can states do when the evidence is lacking or incomplete?

Despite the wealth of research that currently exists, states still encounter numerous, urgent policy issues for which there is little evidence available. Health care interventions are not equally effective for all populations, and states have found that evidence for specific subpopulations, such as children, may be particularly sparse.

Strategies and Considerations:

• Though the extended amount of time required to complete the research process may not be ideal for short timelines, states can submit topics for consideration to national organizations such as PCORI and AHRQ. In addition, there are several membership organizations such as the Medicaid Evidence Based Decisions (MED) and Drug Effectiveness Review Project (DERP) programs based at CEbP that can provide participating state agencies with research reviews on specific healthcare interventions. Other regional collaboratives, such as those administered by the Institute for Clinical and Economic Review (ICER), also provide a forum...
for policymakers to suggest topics for evidence review. In addition, numerous international health technology and systematic review efforts are accessible and often helpful; these include the National Institute for Health and Care Excellence in the UK, and the Cochrane Collaboration.

• In the event that policymakers must move forward with important, time-sensitive decisions in the absence of rigorous, conclusive evidence, they can consider an approach known as “implementation with evidence development”. In this approach, policymakers generate their own evidence by including program evaluation as an important component of program implementation. For example, multiple states have had to respond to severe housing crises, especially for certain vulnerable populations such as those with serious mental illness or a substance use disorder. While the evidence generally indicates that Permanent Supportive Housing (PSH) programs lead to promising outcomes, researchers have cited a lack of conclusive evidence for specific subpopulations. This has provided policymakers with an important opportunity to generate evidence on the PSH model for specific subpopulations, and to contribute to the growing body of literature on PSH initiatives. When coverage decisions must be made with imperfect evidence, sometimes a promising new drug or therapy merits “coverage with evidence development”, a process in which additional data is collected and monitored to address specific questions that have remained unanswered.

3. How can states work across agencies to maximize resources for evidence-based policymaking?

It is not uncommon for multiple agencies within a state to grapple with similar policy issues on crosscutting issues. For example, Medicaid, Children’s Health Insurance Program (CHIP), Public Health, and Mental Health agencies all provide services for populations with behavioral health needs but often remain siloed in their approach and miss opportunities to collaborate on implementing evidence-based policies. One of the lessons learned from NASHP’s collaborative is that state agencies have evidence-based resources that can be shared with sister agencies to make informed policy decisions.

Strategies and Considerations:
• State agency leadership can create opportunities to share their unique expertise and approaches to working with evidence with other agencies in their state. As part of NASHP’s learning collaborative, several state teams developed a process to identify and assess resources to support evidence-based policymaking across multiple agencies. Through a cross-agency survey and series of agency in-services, state teams were able to identify important partnership opportunities. For example, state agencies found they could leverage a partnership with a state university to access research from publications requiring a subscription. State teams also identified that particular agencies may have access to research through membership collaboratives that they are able to share with other agencies in their state. For example, state Medicaid agencies participating in the MED collaborative are able to share MED reports with all other agencies in their state.

• A handful of states have taken evidence-based policy making out of the siloes of individual state agencies by creating formal cross-agency structures charged with conducting thorough evidence reviews and sharing policy recommendations across state agencies. Examples of these programs include the Oregon Health Evidence Review Commission (HERC) and
the Washington Health Technology Assessment Program (HTA). States interested in implementing such a model must weigh many considerations prior to implementing. For example:

- What should the governance structure look like?
- How can a state meaningfully engage consumers and gather stakeholder input?
- How can a state finance such a program?
- Is legislation necessary or are there less formal options for cross-agency collaborations to achieve the same end?
- How can a state identify topics of mutual interest across agencies?

The unique needs and policymaking environment in each state make it clear that there is no “one size fits all” approach to developing a cross-agency process for evidence-based policymaking. While sharing similar missions and goals, HERC and HTA also vary in their structure and outcomes. For example, the policy recommendations of HTA are binding across agencies, while HERC produces recommendations for state agencies to consider. Both programs emphasize a transparent stakeholder engagement process that includes holding public meetings, accepting topic nominations from the public and offering the public the opportunity to submit comments on policy decisions, and making all materials publically available online.

- Recognizing these robust, legislatively mandated cross-agency models take time to stand up and are not feasible for every state, states can consider implementing less formal or smaller-scale programs that may prove more expedient or serve as an opportunity for a state to pilot an evidence review program before launching something more sophisticated.
- The Washington Agency Medical Director’s Group began as an informal effort among medical directors from multiple agencies in Washington to collaborate on creating and implementing evidence-based practices across multiples agencies. The group has since evolved into a robust program that produces critical tools for provider and state policymakers, such as such as the evidence-based Interagency Guidelines on Prescribing Opioids for Pain.
- Wisconsin’s Evidence-Based Health Policy Project (EBHPP) is another model for states to consider. This project is a formal partnership of the medical and public policy schools at the University of Wisconsin-Madison, and the non-partisan legal staff office for the state Legislature. The EBHPP works to connect policymakers, researchers, providers, and other health care stakeholders with the goal of supporting an evidence-informed approach to policymaking. The EBHPP provides timely public briefings at the State Capitol on available evidence on health policy issues identified by the Legislature, convenes structured meetings for policymakers and researchers to discuss policy implications, and connects state lawmakers to evidence and expertise relevant to introduced legislation or other areas of interest.16
- Minnesota’s Health Services Advisory Council (HSAC) has a legislatively mandated evidence review advisory body to inform Medicaid coverage decision-making. Now in its 11th year, HSAC has issued evidence-based recommendations on a wide range of technologies and treatments for conditions as diverse as autism spectrum disorder, Hepatitis C, chronic pain, and gender dysphoria.
The table below illustrates the key features of a range of state evidence review programs, which other states can consider when designing their own programs.17

## Key Features of Select State Evidence Review Programs

<table>
<thead>
<tr>
<th>Overview/roles</th>
<th>Minnesota HSAC</th>
<th>Oregon HERC</th>
<th>Washington HTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview/roles</td>
<td>Recommends evidence-based health care benefit and coverage policies for Minnesota’s public health care programs.</td>
<td>Maintains <em>Prioritized List of Health Services</em>. Develops evidence-based health care coverage guidances and reports for providers, consumers and purchasers. Conducts comparative effectiveness research of health technologies.</td>
<td>The Health Technology Clinical Committee (HTCC) reviews evidence to determine if state funded health services are safe and effective.</td>
</tr>
<tr>
<td>Governance Structure</td>
<td>13-member council appointed by the Commissioner of Human Services includes health care providers and consumer representatives.</td>
<td>Includes 13 Governor-appointed and senate confirmed volunteers including physicians, a dentist, public health nurse, behavioral health representative, alternative medicine provider, pharmacist, insurance industry representative, and two consumer representatives.</td>
<td>HTCC reviews evidence and makes coverage decisions. HTCC includes 11 members appointed by the Washington Health Care Authority Director that include provider representatives and experts in using evidence in health care.</td>
</tr>
<tr>
<td>Sub-committees</td>
<td>Dental Services Advisory Committee</td>
<td>Evidence-based Guidelines Subcommittee, Health Technology Assessment Subcommittee, Value-based Benefits Subcommittee</td>
<td>Health Technology Clinical Committee (HTCC)</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Makes policy recommendations</td>
<td>Makes policy recommendations</td>
<td>Makes binding policy decisions</td>
</tr>
<tr>
<td>Participating State Agencies</td>
<td>Minnesota Department of Human Services (includes Medicaid and MinnesotaCare)</td>
<td>Oregon Health Authority (includes Medicaid, Public Employees’ Benefit Board, Public Health, Addictions and Mental Health Services)</td>
<td>Medicaid, Public Employees Benefits Board, Labor and Industries, Corrections, Veterans Affairs</td>
</tr>
<tr>
<td>Annual Budget</td>
<td>$273,000</td>
<td>$820,000</td>
<td>$1.2 million</td>
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Effectively Engaging Consumers in Evidence-Based Policymaking

Involving consumers and beneficiaries in evidence-based health policymaking and program design can further increase the likelihood of successful outcomes by ensuring programs address the needs and concerns of the people they serve. Consumers and patients bring a personal perspective through their experiences living with a health condition that is not traditionally captured in research or policymaking. For example, Massachusetts engaged beneficiaries of mental health services to help review and prioritize which evidence-based practices should be offered as part of the design process for their Certified Community Behavioral Health Clinics (CCBHCs). State officials learned that many beneficiaries were most interested in psychiatric rehabilitation services, such as employment, education, and housing, which could be provided by peer specialists. Because of this input, the state shifted its focus for CCBHCs to include a greater emphasis on those types of services.

While engaging consumers and beneficiaries in evidence-based policymaking and program design is worthwhile, best practices and tools for effectively doing so are still emerging. The experiences of learning collaborative states identified the following:

Strategies and Considerations:

- Bi-directional training is necessary for effective consumer engagement, i.e. consumers need training on the fundamentals of evidence to be effective partners in policymaking, while policymakers need training on how to best solicit, understand, and incorporate consumer perspectives when making policy decisions. Because of competing priorities and frequent turnover in both state and consumer leadership, once is not enough for such trainings; they should be considered as annual or at least bi-annual events if possible.
- Ideally, consumer engagement should be an official part of relevant staffs’ job descriptions. In the absence of accountability, it is not likely to be prioritized. Staff responsible for engagement might consider doing a survey or series of in-services to facilitate effective knowledge transfer on best practices for engagement across state agencies. These efforts could result in the identification of programs or practices to highlight in an annual training.
- Consumer engagement should be budgeted for appropriately. States need to consider if, and how, they can reimburse patients for sharing their time and expertise. At a minimum, states agencies should consider reimbursing consumers’ transportation costs. For example, the Minnesota HSAC’s enabling statute explicitly authorizes payment of $200 per meeting plus transportation costs for all members, including the consumer representative.
- Consumers are a diverse group with more than one voice. State officials soliciting consumer input need to consider whether they have the right people at the table to capture the array of perspectives of the populations served. States also need strategies to increase the diversity of voices brought to the table, including how to reach out to consumers not already engaged in advocacy group networks. In doing the work to engage a diversity of viewpoints, states may encounter consumer perspectives that don’t necessarily align, such as patients receiving care or beneficiaries receiving services, their family or caregivers, and patient or consumer advocacy organizations.
- States, as purchasers of health care for programs such as Medicaid and CHIP and for state employees, educators and corrections, have an important lever for advancing consumer engagement through their purchasing power. For example, when procuring contracts for health services delivery, states can require contractors to build consumer engagement into program design and implementation.
connecting consumer engagement with efforts to measure patient-reported outcomes can yield critical information. For example, in a March 2017 study\textsuperscript{18} that examined patient-reported opioid use following common elective surgical procedures, investigators conducted an educational intervention that resulted in dramatic reductions in post-operative opioid prescribing, and ultimately patient use, while still meeting patients' needs. This was evidenced by the fact that decreases in the number of opioids prescribed were not met with increases in refills. This type of information is vital to help state policymakers develop evidence-based, patient-centered policies that can ultimately improve patient outcomes.

Finally, there is a dearth of ready tools for measuring and evaluating effective consumer engagement. To facilitate increasingly more sophisticated and successful efforts at engagement, states need to evaluate and learn from past engagement experiences. Evaluation questions might include the following:

- Was an appropriate and balanced diversity of consumers brought to the table?
- Were the consumers trained sufficiently and given the background information and materials necessary to meaningfully participate?
- Were consumers made to feel comfortable and valued?
- Were policymakers appropriately trained to work respectfully with consumers to meaningfully include them and their perspective in the conversation?
- Were any special needs, such as 508 Compliance for individuals with disabilities, sufficiently addressed?
- Were consumers reimbursed for their expenses? Their time and expertise?
- At what stage were consumers engaged? Was it early enough to impact the shape and course of decision-making as opposed to simply reviewing a final report or recommendations?
- How did consumer input shape decision-making? Were any unanticipated problems identified and addressed that may increase the likelihood of successful implementation? Was the impact of consumer input communicated back to the consumers that shared their input?

Conclusion

NASHP's learning collaborative revealed that putting “A Roadmap for State Policymakers to use CER and PCOR to Inform Decision Making” into practice can present challenges such as where to find evidence, how to assess it, what to do in the face of the lack of evidence, how to work across agencies, and how to effectively engage consumers. This brief identified some of the key resources and strategies identified that states have used to overcome those challenges including:

- A guide to searchable databases for finding evidence
- A worksheet for assessing the quality of systematic reviews, highly synthesized, potentially very useful sources of evidence
- How to suggest a topic for consideration by organizations conducting systematic reviews
- Approaching policy decisions in the face of imperfect evidence through “implementation with evidence development” or “coverage with evidence development”
- Key issues to address to work effectively across agencies on evidence-based policymaking such as how to select topics of mutual interest
- Examples of the features of existing cross-agency evidence review programs
- Best practices for engaging consumers in policymaking and questions to evaluate the effectiveness of consumer engagement
Lessons from States on Advancing Evidence-based State Health Policymaking for the Effective Stewardship of Healthcare Resources

State health policymakers face many competing demands. While evidence-based policymaking making does require an investment of time and resources, it is worthwhile in order to maximize the efficient use of public resources for health care.

Endnotes
2. Authorized by the Patient Protection and Affordable Care Act, the Patient-Centered Outcomes Research Institute funds research on the comparative effectiveness of different interventions, but does not fund research examining cost-effectiveness.
5. A filtered PubMed database known as PubMed Health allows users to easily limit search findings to systematic reviews of clinical effectiveness research. It is accessible at: https://www.ncbi.nlm.nih.gov/pubmedhealth/
17. For more information on programs that support the use of evidence in policymaking, see: http://www.nashp.org/sites/default/files/PCORI.pdf

About the National Academy for State Health Policy:
The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, nonpartisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: www.nashp.org.

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