

Addressing Policy CHALLENGES

with Evidence & Collaboration

October 23, 2017

Pam Curtis

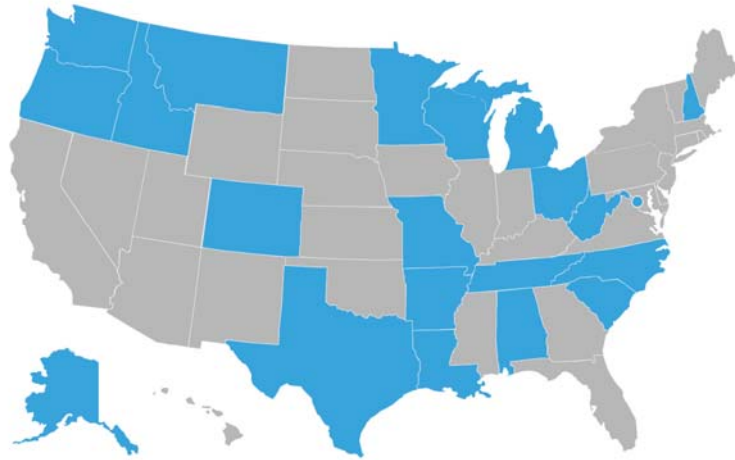
Center for Evidence-based Policy



What We Do

MULTI-STATE COLLABORATIVES	STATE-SPECIFIC EVIDENCE & DATA	HEALTH SYSTEMS ENGINEERING	OTHER
<ul style="list-style-type: none">▪ Self-governing▪ Pool resources▪ Evidence & data to address policy questions	<ul style="list-style-type: none">▪ Evidence synthesis▪ Systematic review▪ Data analysis & predictive modeling	<ul style="list-style-type: none">▪ Process design▪ Stakeholder engagement▪ Decision-making protocols & tools▪ System design & implementation	<ul style="list-style-type: none">▪ Training▪ Policy analysis▪ Multi-sectoral coordination▪ Collaboration development





Multi-State Collaboratives

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Multi-State Collaboratives

Medicaid Evidence-based
Decisions Project (MED)



SMART-D



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Drug Effectiveness Review
Project (DERP)



Medical Cannabis
(under construction)



State Uses

- Coverage determinations
- Management strategies
- Guidelines
- Billing/fees
- Program design
- Other

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Sample Uses

- Rational utilization management
- Reduce/avoid financial burdens
- Reduce/avoid loss of benefits
- Programs that best meet needs of target population
- Increased likelihood of achieving results

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Example: Sovaldi® Prior Authorization (PA)

- Before PA
 - Average 25 patients/month
 - Est. 60% unnecessary
 - Average cost: \$1.6 million
- After PA
 - Average 10 patients/month
 - Necessary & appropriate treatment
 - Average cost: \$670,000



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Example: State Case Studies

- ALABAMA
 - Policy changes based on durable medical equipment (DME) expense analysis
 - *Cost avoidance of \$1 million/year*
- MISSOURI
 - PA for specific CT & MRI uses
 - *Savings > \$9.3 million/year*
- MINNESOTA
 - Development of process for high tech imaging (HTI) use
 - *Stabilized use rate*




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State-Specific Evidence & Data


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State-Specific Evidence & Data

- Guided by state-specific questions & needs
- Executive or legislative
- Sample analyses:
 - Evidence synthesis
 - Systematic review
 - Data analysis & predictive modeling
 - Qualitative inquiry

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Sample Uses

- Benefit-related decisions
- Coverage-related decisions
- Prioritize use of resources
- Target program impact
- Accountable & effective funding
- Transparent decision-making
- Other

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Example: Oregon Health Evidence Review Commission (HERC)

- Real-time continuous glucose monitoring (CGM) recommended:
 - Adults & children with type 1 diabetes, with or without an insulin pump
 - Women with type 1 diabetes who are/plan to become pregnant in next 6 months
- Not recommended:
 - Type 2 diabetes
 - Additional evidence could change recommendation

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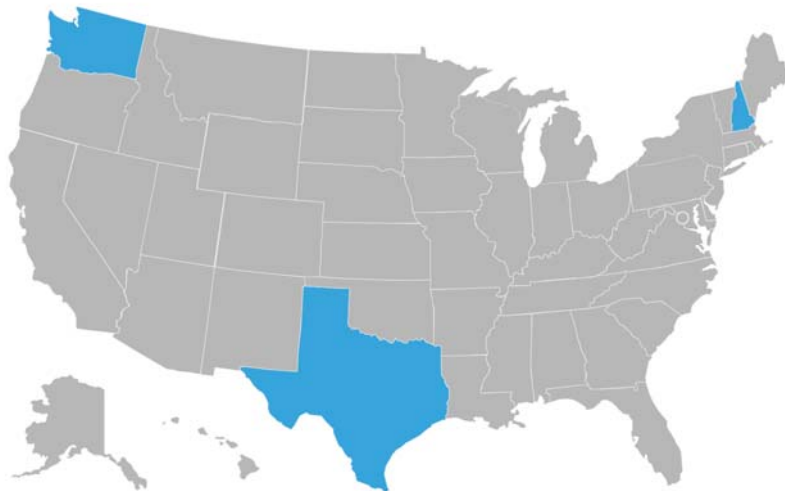


Example: New York Evidence Based Benefit Review Advisory Committee (EBBRAC)

- Digital Breast Tomosynthesis
 - EBBRAC recommended coverage for screening & diagnosis
 - Department accepted screening, no coverage for diagnosis
- Allergy testing
 - Expanded coverage to included blood allergy testing & oral injection challenge



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Health Systems Engineering



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Health Systems Engineering

- State-specific
- Process design
- Stakeholder engagement
- Decision-making protocols & tools
- System design & implementation
- Technical assistance & consultation

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Example: Washington Health Technology Assessment (HTA)

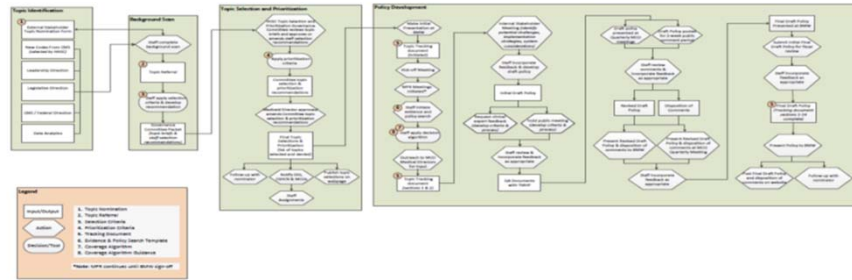
- Assess alignment with statutory & administrative requirements
- Explore public input & program transparency
- Results
 - Five-step process & timeline
 - Process improvements & clarity
 - Increased stakeholder communication
 - Increased public engagement

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Example: Texas Health & Human Services Commission

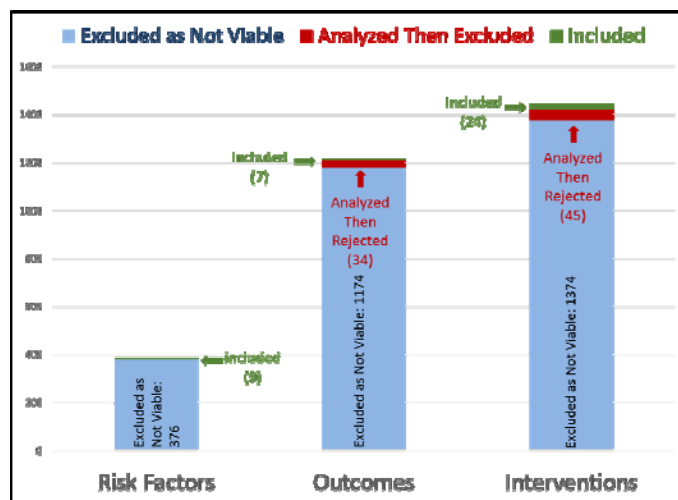
Texas Medical & Dental Board Decision Process Redesign



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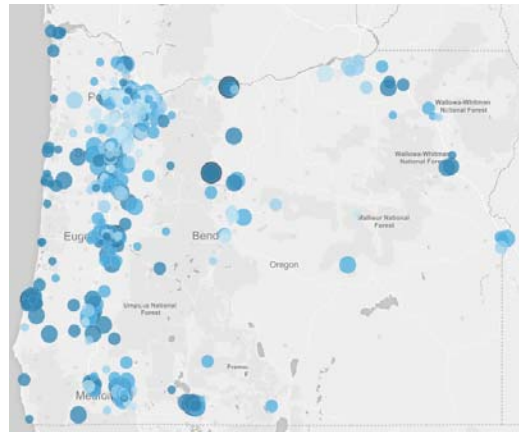
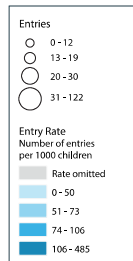
Example: Oregon Foster Care



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Example: Oregon Foster Care



All children born in Oregon 2001 – 2010 who entered foster care before age four

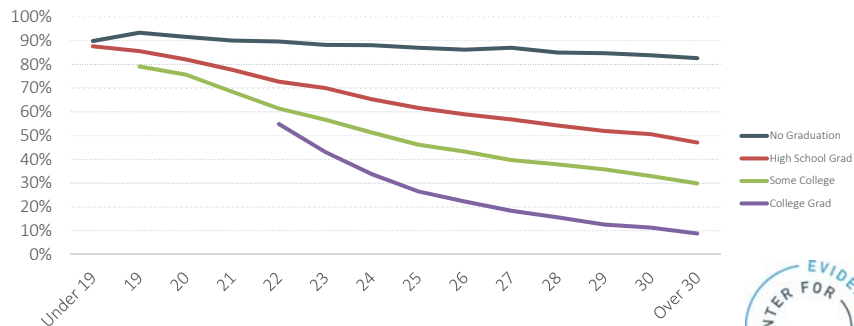
All Census tracts



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Example: Oregon Foster Care

Share of Births Covered by Medicaid (by Mother's Age and Educational Attainment)



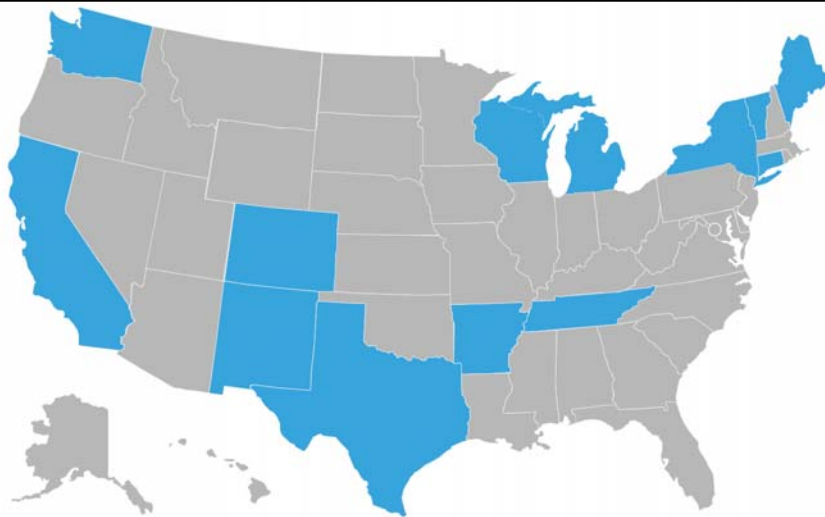
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Example: Oregon Foster Care

Intervention Cost (per child)		\$5,000
Potential Savings (per child)		\$100,000
Expected Effect		
Target population	SNAP+ Teen + Less than High School + Substance Abuse	157
How many will be maltreated and enter foster care?	23%	36
How many could you prevent?	25%	9
Total Cost		\$785,000
Total Savings		\$900,000
Savings-Cost Ratio		1.15



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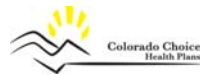
Other Work



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Example: Colorado Multi-Payer Collaborative (MPC)

A shared commitment to increased quality, improved efficiency, higher value, and continuous improvement and diffusion of innovative and successful strategies through increased system accountability, improved health outcomes and experiences for patients and providers, and decreased total cost of care.



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Example: Colorado Multi-Payer Collaborative

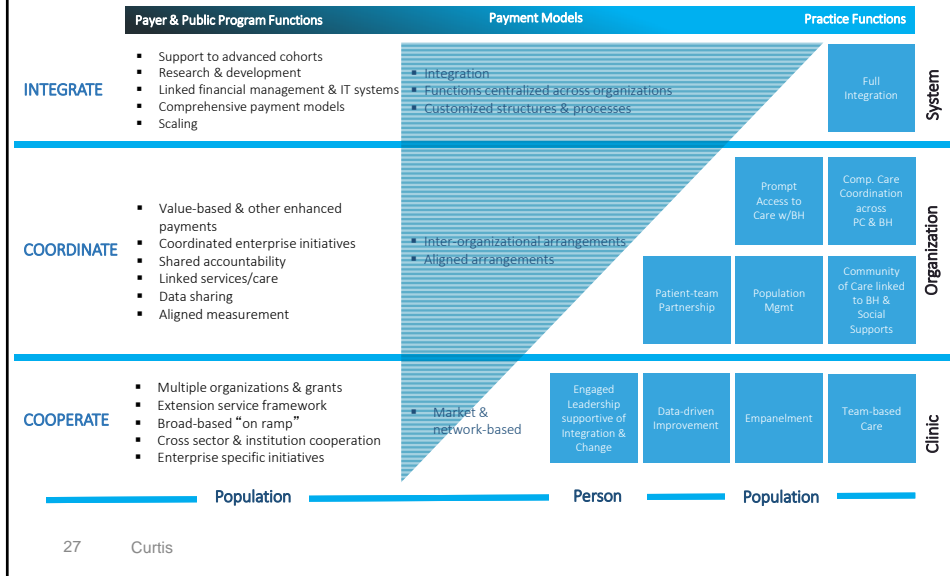
- Payment reform & practice transformation
 - Comprehensive Primary Care (CPC) initiative
 - CPC+
 - State Innovation Model (SIM) (behavioral health integration)
- Quality metric alignment
- Data aggregation



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Framework for Integration of Whole Person Care

Adapted from Bodenheimer T, Willard-Grace R, Ghorob A, Grumbach K. The 10 building blocks of high-performing primary care. *Ann Fam Med*. 2014;12(2):166-171



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Lessons for States

WHO IS ASKING?

- Self-governing
- State-initiated

WHEN DO YOU NEED ANSWERS?

- Timeline vs. threshold

WHY ARE YOU ASKING?

- Purpose of question
- Application of answer

WHERE TO GET ANSWERS?

- Synthesize data from multiple sources

WHAT ARE YOU DECIDING? HOW TO IMPLEMENT?

- Clear questions

- Encourage use of evidence
- Process to decide
- Mechanisms for implementation



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