

OREGON  
HEALTH  
& SCIENCE  
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# Using Evidence in Health Policy

## Center for Evidence-based Policy

Presented by: Martha Gerrity MD, MPH, PHD

Date: May 17, 2009

# Center for Evidence-based Policy

- Definition
- Our role in evidence
- Experience with evidence into policy
- Challenges
- Solutions

# Center for Evidence-based Policy



**Center for Evidence-based Policy**

*Globalizing Evidence. Localizing Decisions.*

“Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.”

David Sackett



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Op-Ed Contributors - How to Take American Health Care Fro...

[http://www.nytimes.com/2008/10/24/opinion/24beane.html?\\_r...](http://www.nytimes.com/2008/10/24/opinion/24beane.html?_r...)

The New York Times  
nytimes.com

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October 24, 2008

OP-ED CONTRIBUTORS

## How to Take American Health Care From Worst to First

By BILLY BEANE, NEWT GINGRICH and JOHN KERRY

IN the past decade, baseball has experienced a data-driven information revolution. Numbers-crunchers now routinely use statistics to put better teams on the field for less money. Our overpriced, underperforming health care system needs a similar revolution.

Data-driven baseball has produced surprising results. Michael Lewis writes in “Moneyball” that the Oakland A’s have won games and division titles at one-sixth the cost of the most profligate teams. This season, the New York Yankees, Detroit Tigers and New York Mets — the three teams with the highest payrolls, a combined \$486 million — are watching the playoffs on television, while the Tampa Bay Rays, a franchise that uses a data-driven approach and has the second-lowest payroll in baseball at \$44 million, are in the World Series (a sad reality for one of us).

Remarkably, a doctor today can get more data on the starting third baseman on his fantasy baseball team than on the effectiveness of life-and-death medical procedures. Studies have shown that most health care is not based on clinical studies of what works best and what does not — be it a test, treatment, drug or technology. Instead, most care is based on informed opinion, personal observation or tradition.

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## OHSU Center for Evidence-based Policy

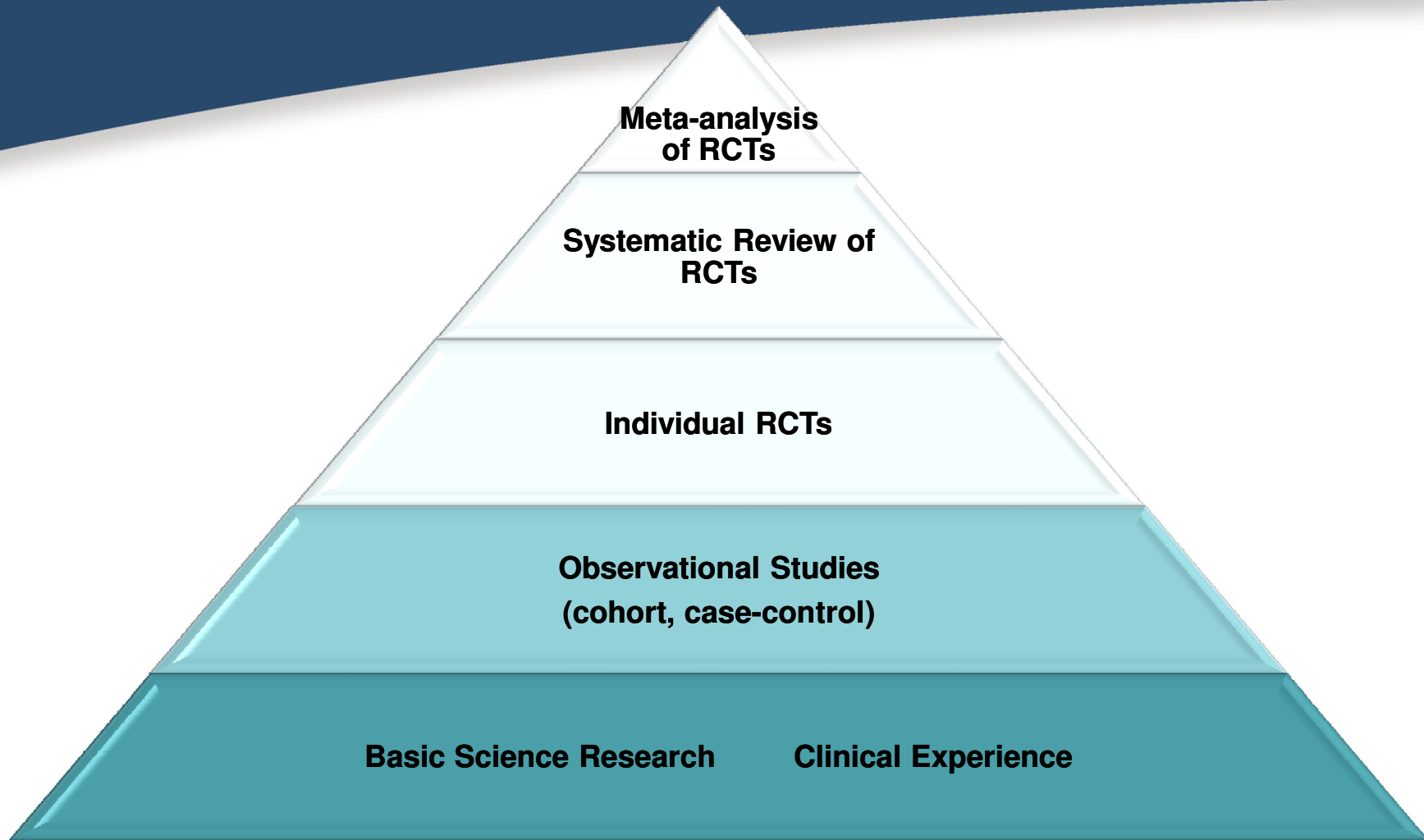
Mission is to address public policy challenges by identifying and applying the best available evidence through self-governing communities of interest.

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## OHSU Center for Evidence-based Policy

- Pooling resources among like-minded parties interested in using research evidence in decision-making
- Working with qualified researchers to commission original research that provides evidence-based answers to policy questions
- Helping collaborations use high quality research in the decision making processes by providing necessary tools and translation

# Center for Evidence-based Policy

## National Medicaid Collaborations

- Drug Effectiveness Review Project (DERP)
- Medicaid Evidence-based Decisions Project (MED)

## Federal projects

AHRQ Effective Healthcare Program Scientific Resource Committee

# Center for Evidence-based Policy

## Drug Effectiveness Review Project - DERP

- Established in 2003
- 14 organizations participating
- OHSU Evidence-based Practice Center
- 35 Original Drug class reports
- 65 updates

# Center for Evidence-based Policy

## Drug Effectiveness Review Project - DERP

- Independent and objective resource
- States select priorities and contribute to key questions relevant to Medicaid
- Improved safety and quality of care
- States have saved between 7 to 80 million dollars

# Center for Evidence-based Policy

## Medicaid Evidenced-based Decisions Project - MED

- Eleven State Medicaid collaborative
- Benefit and coverage decisions
- Started in 2006
- Over 80 reports produced

# Medicaid Evidence-based Decisions Project

## 2009 MED Participants

- Alaska
- Alabama
- Arkansas
- Minnesota
- Missouri
- Montana
- New York
- North Carolina
- Oklahoma
- Oregon
- Washington
- West Virginia

# Medicaid Evidence-based Decisions Project

## MED Reports

- Participant Inquiries
- Rapid Reviews
- Systematic Reviews/Technology Assessments
- Policy Companion Papers
- Vendor/Guideline reviews

# Medicaid Evidence-based Decisions Project

## Policy Companion Papers

- Document that may accompany evidence reports based on the Governance group preferences
- Policy implications
- Existing policies and guidelines
- External and environmental factors
- Financial and economic considerations
- Policy decision making guide

# Medicaid Evidence-based Decisions Project

## MED Evidence Reports

- 15 Reports delivered 2006
- 25 Reports delivered 2007
- 29 Reports delivered 2008
- 9 Reports completed in 2009 YTD
- 9 Reports in process currently
- 8 Topics referred to AHRQ/4 in progress

# Medicaid Evidence-based Decisions Project

## MED Meetings and Communications

- Conference calls twice a month
  - Governance – second Wednesday, 10-12 PT
  - Open Forum – fourth Wednesday, 10-12 PT
- Face-to-Face meetings twice year - Fall and Spring
- Durable Medical Equipment (DME) meetings
- Weekly electronic newsletter

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## Medicaid Evidence-based Decisions Project

- Non-coverage decisions for arthroscopy of knee for osteoarthritis
- Non-coverage for some low back pain treatments
- Non-coverage negative pressure therapy for select conditions
- PA MRI and CT chest = 3.2 million savings over 2 years
- PA MRI and CT of spine = 5.5 million savings over 15 months
- IV home services policy change = 1 million annual savings

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## Challenges for State Medicaid Programs

- Advocates and industry pressure for more service
- Balanced budget requirements
- Poor Economy = increased demand for services
- Need to make coverage and policy decisions

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## Solutions that have been used by states:

- Used better tools for promoting high quality care and reducing waste (vs. reducing access or entire areas of care).
- Developed strategies to acknowledge relative value of drugs and technologies and improved decision making.
- Engaged in activities to evaluate comparative effectiveness (CER), benefits, and harms.
- States have been among the most successful pioneers in sponsoring high quality evidence and making policy decisions
- Need more evidence and more tools

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## Thoughts about the Future

- Tough economic times may force increased use of blunt instruments for decision making and/or continued increase in the use of evidence for improved decision making
- Stimulus Package includes 1.1 billion dollars for CER
- Greatest opportunities – apply evidence at all levels purchasing and contracting, clinical professionals, patients and citizens, public and private policies, and public relations efforts
- Goal: high quality evidence serves as the foundation for understanding, debate, and honest decision making

***“If you are poor, actually you need more evidence before you invest, rather than if you are rich.”***



**Dr Hassan Mshinda**  
Ifakara Centre, Tanzania