



Approach to Medical Effectiveness Review

California Health Benefits Review Program

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Why Payers Should Consider Medical Effectiveness

- Medical Effectiveness (ME) analysis:
 - Provides systematic and objective reviews of pertinent peer-reviewed medical literature.
 - Answers the question: Does scientific evidence show whether these treatments/procedures work?



CHBRP ME Analytic Approach

- Literature search, retrieval of articles, and article selection for inclusion, as well as inclusion of other evidence, when needed.
- Making a qualitative “call” on the strength of evidence.



ME: Sources of Information

- Well-designed studies published in peer-reviewed journals
 - Randomized Controlled Trials (RCTs)
 - High-Quality Meta-Analyses or Systematic Reviews
 - Evidence-Based Clinical Guidelines
- Other published/documentated information
 - Case studies
 - Consensus-Based Clinical Guidelines
- Expert opinion



ME – Terms to Categorize the Body of Evidence

- Consistent use of concluding statements helps policymakers
 - Clear and convincing evidence: it works
 - Preponderance of evidence: it *seems* to work
 - Ambiguous/conflicting evidence: studies cut both ways
 - Insufficient evidence: few studies meet current criteria for rigor



How CHBRP's Method Is Used

- CHBRP's standard method works well for bills identifying:
 - Treatments with a large body of research evidence.
 - o Smoking cessation drugs and programs.
 - Treatments for which there is little research evidence.
 - o Rare diseases, or treatments that preceded development of evidence-based medicine.
 - o Effectiveness of Durable Medical Equipment.



When CHBRP's ME Method Works Less Well

- More bills require “nonstandard” CHBRP analysis.
- Bill types that do not fit CHBRP ME approach:
 - Breadth too large within 60 days
 - Insufficient literature



Standard Analysis Infeasible in 60 days

- Number of indications too great for analysis.
- **Dilemma:** How to be responsible when we can't provide complete array of information.
- **Bill Example:** Oral Chemotherapy
 - 54 types of cancer; 40 medications
 - Role of treatment varied
 - Kill cancer cells
 - Prevent cancer recurrence



Solution

- Presented general descriptive information about the medications.



Standard Analysis: Insufficient Literature

- Typical of bills evaluating the impact of a kind of coverage, rather than a treatment itself, on outcomes.
- **Dilemma:** Not enough information to make inferences.
- **Bill Example:** Prohibit step therapy on pain prescriptions.



Solution

- Focused on effect of step therapy utilization review on level of pain remediation and quality of life.



Summary of CHBRP Medical Effectiveness Analyses

- Treatments with “clear and convincing” evidence of medical effectiveness are generally already covered.
- More bills require “nonstandard” analytic approaches.
- Pending definition of “Essential Health Benefits” in the ACA will require CHBRP to analyze the effect of aligning existing benefit mandates to new federal level.

