EVIDENCE-BASED POLICY

CENTER FOR

2016
ANNUAL REPORT

3030 SW Moody Ave., Ste. 250
Portland, OR
www.ohsu.edu/policycenter

OHSU

A MESSAGE FROM THE
DIRECTOR

The path to policymaking is complicated and nuanced, and often there is no easy answer or simple choice. Every day, the Center for Evidence-based Policy (Center) helps policymakers use the best available research to guide decisions throughout the policymaking process. The Center helps its customers identify what works, identify gaps in research on effectiveness, and apply high-quality evidence in budget and policy decisions. The policymakers with whom we work seek to use high-quality evidence to shape forward-looking responses to complicated problems, so that they tackle not only the symptoms they are presented with, but the underlying causes as well. In the absence of evidence, the ability to grasp complex policy issues is anecdotal and inconsistent.

Recognition of the need to use evidence to inform policy decisions is growing. According to our partners at the Pew-MacArthur Results First Initiative, there are more than 100 laws in over 40 states that require the use of evidence in state programs and practices. The Center works with policymakers in 24 of these states (see the map on the next page).

For thirteen years, the Center has served as an independent, objective source of evidence and expertise for public officials. We do not receive revenue from industry, nor do we have a financial interest in the policies that states enact. We are not affiliated with any treatment or program model. The Center exists to serve state policymakers and assist them in obtaining and applying the highest quality evidence to their systems, problems, and questions.

Director, **Center for Evidence-based Policy**
Oregon Health & Science University

THE CENTER WORKED WITH
24 STATES IN 2016
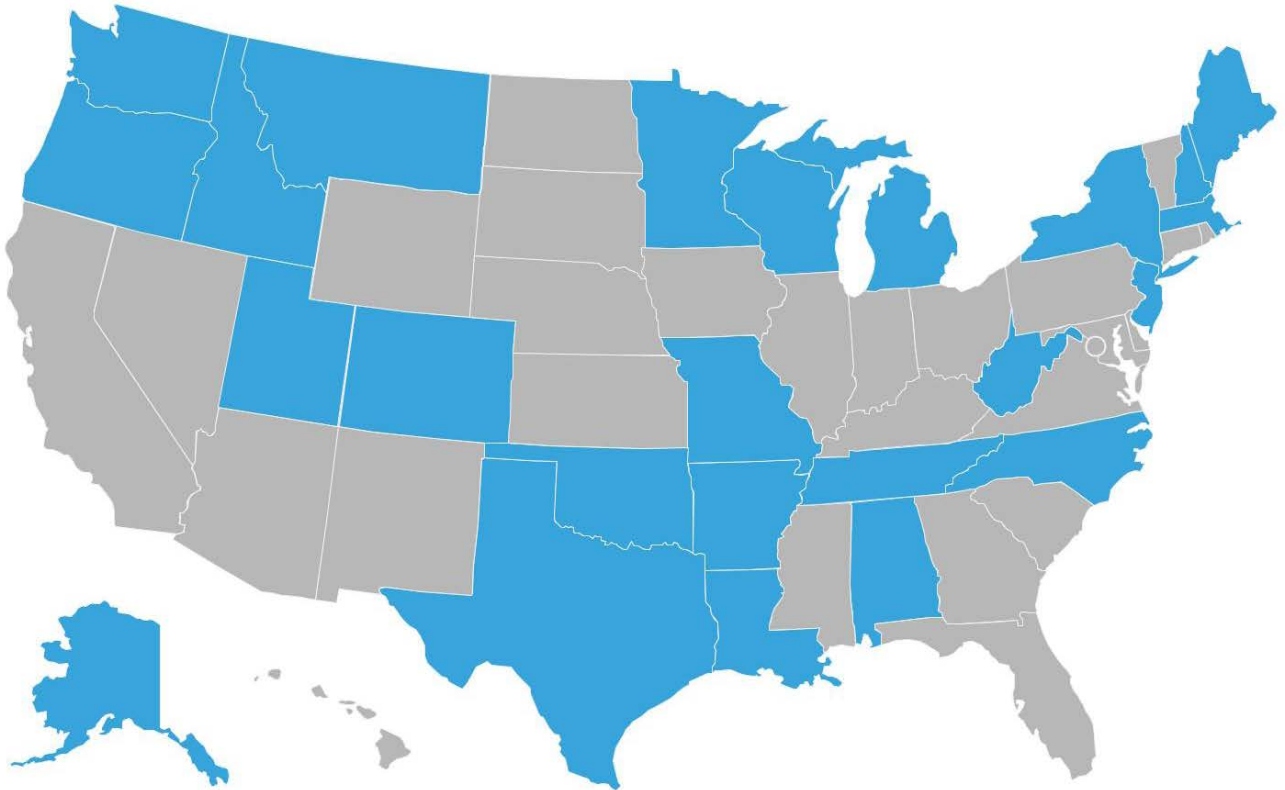
ALABAMA • ALASKA • ARKANSAS • COLORADO • IDAHO • LOUISIANA • MAINE • MASSACHUSETTS • MICHIGAN • MINNESOTA • MISSOURI • MONTANA • NEW HAMPSHIRE • NEW YORK • NORTH CAROLINA • OKLAHOMA • OREGON • RHODE ISLAND • TENNESSEE • TEXAS • UTAH • WASHINGTON • WEST VIRGINIA • WISCONSIN

INFORMING POLICY WITH
EVIDENCE

Good evidence is crucial to the formulation of sound public policy. Policymakers often turn to the research evidence to provide confidence that a policy will achieve its intended goals, represent the best allocation of limited public dollars, and not need to be abandoned in the future because of ineffectiveness. The existence of a large and growing body of research on the effects of policies and interventions across government programs is reassuring and simultaneously daunting.

Was this the right type of study to answer the question that was posed? Were there serious flaws in the research that should make me doubt the results? How do I reconcile conflicting conclusions from the studies? Is the benefit large enough to be meaningful? What are the effects of financial conflicts and industry involvement in the research? Does this research really apply to the policy dilemma I'm facing and the population I'm trying to reach? What is known about the keys to successfully implementing this program?

These are the types of questions that the Center has developed expertise in answering in a comprehensive, transparent, translatable, and unbiased fashion. A deep knowledge of evidence and its limitations,

along with an appreciation of the policymaker's role in weighing evidence in the context of public values and preferences, sets the Center's work apart. For the last 13 years, the Center has helped policymakers navigate the challenges of identifying, critically appraising, and fairly applying the results of research to policymaking. At the same time, the Center has worked to help our state partners improve their own skills in using the evidence.

When policymakers are faced with a challenge, the evidence—positive, negative, indifferent, or nonexistent—must be reckoned with; to purposefully ignore the evidence or to blindly accept it poses risks to the credibility and success of a policy. Our guiding principle is fidelity to the evidence, and our commitment is to helping policymakers use that evidence to solve real-world problems, spend public dollars wisely, and improve the health of the people they serve.

THE CENTER'S
EXPERTISE

The Center has more than a decade of experience in researching, assessing, and synthesizing evidence for policymakers. Systematic reviews of randomized controlled trials represent the "gold standard" in evidence syntheses, but they are costly and can easily take more than a year to complete. Policymakers often do not have the time or financial resources to obtain these types of evidence reviews. Policymakers' time frames demand that a decision be made, in the same way that a seriously ill person in a clinical situation needs to be treated. The treatment might not be perfect, but it needs to be initiated.

Our experience has been that evidence is necessary but not sufficient, and that state policymakers need contextual information. This has led the Center to develop a rapid review methodology, which streamlines evidence and policy synthesis while maintaining research rigor. The Center's researchers are involved in international collaboratives to determine best practices in rapid reviews, scientifically compare them to systematic reviews, and standardize their reporting requirements. Our first step in performing any evidence or policy review is to thoroughly understand our clients' decision-making goals. Our products are never "off the shelf," but are customized to the needs of the states we work with.

The Center has developed and refined a set of core evidence sources during the past decade. To perform a rapid review of clinical evidence, we perform the following steps:

- Search our core sources for recent, high-quality systematic reviews and additional newer studies

- Assess the methodological quality of the systematic reviews and additional studies

- Synthesize the reviews and studies, describing the strength of evidence of the interventions and outcomes

- Summarize the evidence and give our confidence in the validity of the evidence

Our policy reviews parallel our clinical evidence review processes. We have developed a set of core policy sources consisting of published articles; white papers; legal documents; and federal, state, and commercial payer policies. We evaluate the source materials to provide policymakers with the policy context and potential biases within sources.

The Center uses the best information available to give policymakers evidence and policy analyses that will assist them in making critical decisions. Rapid reviews are typically available within a short time frame so that policymakers will have the information they need at the appropriate stage in their decision-making process.

OUR STRATEGIC
PARTNER

The Milbank Memorial Fund (Fund), a health policy foundation, has been the Center's strategic partner for over a decade. Together we are committed to working to achieve goals related to improving the health of populations through the use of evidence in policy decisions.

The Fund is an endowed operating foundation whose mission is to improve the health of populations by connecting leaders and decision makers with the best available evidence and experience. Founded in 1905, the Fund engages in nonpartisan analysis, collaboration, and communications on significant issues in health policy. It does this by publishing high-quality, evidence-based reports, books, and *The Milbank Quarterly*, a peer-reviewed journal of population health and health policy; convening state health policy decision makers on issues they identify as important to population health; and building communities of health policymakers to enhance their effectiveness.

In 2016 the Center and the Fund collaborated by offering several Evidence-informed Health Policy Workshops for state leaders (page 7). The Center provided assistance to the Fund's Reforming States Group, a bipartisan group of leaders from the executive and legislative branches, and to its Multi-State Collaborative, a group of leaders who are representatives of state-based multi-payer primary care transformation initiatives. The Fund also supported the Center's SMART-D project by providing guidance and promotion. More information about the Fund is available at www.milbank.org.

2016 PROJECT HIGHLIGHTS

111 lbs
Coffee Consumed

81
Reports Produced
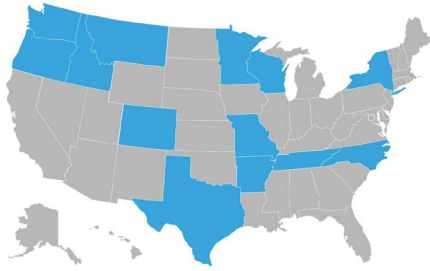
7
New Projects

405,876
Miles Traveled

7
New Staff Members Hired

In 2016 the Center worked on more than 18 projects with 24 states. Collaboration and evidence are at the forefront of the Center's mission, and the Center's blend of skills and services in evidence generation, analysis, process engineering, and stakeholder engagement supported the following projects in 2016:

- BUREAU OF JUSTICE ASSISTANCE PROJECT TEAM (BJA)

- COLORADO MULTI-PAYER COLLABORATIVE (CO MPC)

- COMPREHENSIVE PRIMARY CARE INITIATIVE (CPC)

- DRUG EFFECTIVENESS REVIEW PROJECT (DERP)

- EVALUATION OF COORDINATED CARE ORGANIZATIONS (ECCO)

- EVIDENCE-INFORMED HEALTH POLICY WORKSHOPS (EIHP)

- MEDICAID EVIDENCE-BASED DECISIONS PROJECT (MED)

- NEW HAMPSHIRE STATE INNOVATION MODEL DESIGN ASSISTANCE (NH SIM)

- NEW YORK BENEFIT REDESIGN & IMPLEMENTATION (NY TA)

- OREGON CCO ALTERNATIVE PAYMENT MODELS TECHNICAL ASSISTANCE (OR CCO)

- OREGON HEALTH EVIDENCE REVIEW COMMISSION (HERC)

- PATIENT DECISION SUPPORT TOOLS (PDST)

- PAY FOR PREVENTION (P4P)

- PEW: EVIDENCE INTO HEALTH POLICY (PEW)

- STATE MEDICAID ALTERNATIVE REIMBURSEMENT & PURCHASING TEST FOR HIGH-COST DRUGS (SMART-D)

- STATE OF WASHINGTON BLOOD DISORDERS RESEARCH (WA TA)

- TEXAS MEDICAL AND DENTAL COVERAGE DECISION PROCESS REDESIGN (TX TA)

- USING PATIENT-CENTERED OUTCOMES RESEARCH AND COMPARATIVE EFFECTIVENESS RESEARCH TO INFORM STATE POLICYMAKING (NASHP)

Drug Effectiveness Review Project (DERP)

13

Member Organizations

8

Reports Produced

15

Scans Conducted

The Drug Effectiveness Review Project (DERP) is a collaborative of 13 state Medicaid and public pharmacy programs. Since 2003, the collaborative has worked with the Center to produce systematic reviews to assist policymakers with difficult drug coverage decisions. The reviews evaluate the efficacy, effectiveness, and safety of drugs to help improve patient safety and quality of care, address drug access, and help member programs address rising drug costs.
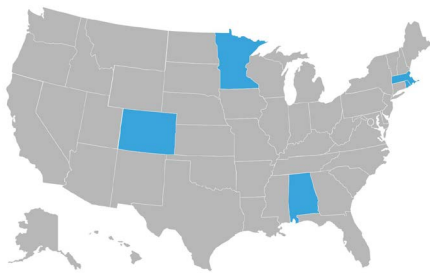
DERP's members meet biannually at conferences and monthly via webinars focused on participants' issues and identification of research priorities. In 2016, the spring conference highlighted issues and innovations in state Medicaid pharmacy program management. The fall conference focused on governance changes and programmatic strategy for addressing the challenges of high costs and evaluations of the value of drug therapies. In addition to the conferences, DERP produced a report on direct-acting antiviral drugs for hepatitis C treatment. The collaborative updated existing reports for the following topics: oral anticoagulants, multiple sclerosis drugs, asthma and chronic obstructive pulmonary disease drugs, targeted immune modulators, newer diabetes medications and combinations, and second generation antipsychotics.

With the recent passage of the 21st Century Cures Act, unknown but expected changes to Medicaid and the Affordable Care Act, and the continued rapid growth in pharmaceutical costs and patient demand, we anticipate 2017 to be a year of growth and evolution as DERP adds new states, partners, and state-focused research products to the longstanding and successful DERP model of collaboration. In 2017 DERP will be exploring opportunities to better meet the needs of participating policymakers.

Evidence-informed Health Policy Workshops (EiHP)

6
Workshops

180
Participants

29
Hours of Training

The Center partners with the Milbank Memorial Fund (Fund), a nonpartisan health policy foundation committed to improving population health, to offer Evidence-informed Health Policy (EiHP) workshops for state policymakers at no cost. EiHP workshops provide participants with training on basic principles for finding, assessing, and using evidence and research to inform state health policy. The workshops guide participants through how research and evidence can be used to develop more effective health and human services policies and programs, using topics of interest to states.

In 2016, EiHP workshops, conducted in partnership with the Fund, were provided to state legislators in Massachusetts and the Fund's Emerging Leaders Program. In addition, the Center provided workshops supported by the National Academy for State Health Policy and the Pew Memorial Trust in Alabama, Colorado, Massachusetts, and Rhode Island. Workshops addressed a range of topics including opioid crisis responses and permanent supportive housing and care provided by nurse practitioners.

As state officials look ahead in 2017 to the possibility of greater state flexibility and independence in operating Medicaid programs, evidence-informed health policy decision making is likely to increase as a critical component for effective, efficient Medicaid programs.

1

Foundation
Partner

13

States

5

Reports
Produced

State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs

Prescription drug costs are the single fastest growing component of U.S. health care spending. A major factor in this surge has been the introduction of new high-cost specialty drugs that treat serious conditions such as cancer, hepatitis C, blood disorders, and HIV. These drugs are being introduced at an accelerating pace, presenting exciting opportunities to improve patient health. At the same time, the high prices of the new therapies present a budgetary challenge for all health care payers, especially state Medicaid programs. Between 2013 and 2014, Medicaid spending on prescription drugs increased 14% in overall costs and 3.6% in expense per enrollee, with totals jumping from $37.1 billion to $42.3 billion.

The Center has secured support from the Laura and John Arnold Foundation for the State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs (SMART-D). We aim to bring clarity to the complicated landscape of state Medicaid drug purchasing and provide alternative payment models (APMs) to improve patient access to evidence-based therapies while allowing states to better predict and manage drug costs. We are:

- Mapping the landscape of Medicaid drug purchasing

- Identifying alternative payment options for states

- Working to increase patient access and improve outcomes

- Identifying specific opportunities to collaborate with drug manufacturers

- Providing implementation, technical assistance, and support to states

In 2016 the Center worked with 13 states to investigate current legal pathways for APMs, conduct state readiness assessments, and develop case studies of drugs and drug classes. The SMART-D website features the summary report and four briefs: *Economic Analysis, Medicaid and Specialty Drugs, Legal Brief*, and *Alternative Payment Models*. The Center will move forward with eight states during 2017 to implement APMs.

Patient Decision Support Tools

1
Website

260
Site
Visits

990
Page
Views
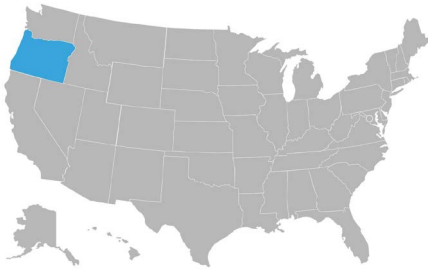
Patient decision support tools strive to aid people in making evidence-based and values-congruent decisions in the face of uncertainty and to facilitate decision-making conversations between patients and their health care providers. To ensure that evidence-based patient decision support tools are available to Oregon's coordinated care organizations, the Oregon Health Authority contracted with the Center to create a toolkit for patients, providers, and policymakers.

By combining the available evidence with feedback from key informant interviews of stakeholders throughout Oregon, the Center developed an online toolkit relevant for medical directors, clinics, and patients. The toolkit is an online resource with information on using decision support tools, frameworks for understanding them, and options for the most useful formats. The website contains resources, case studies, and background materials. The Center also identified best practices to encourage the use of patient decision support tools at the point of care.

The toolkit is available at www.decisionsupporttoolkit.com

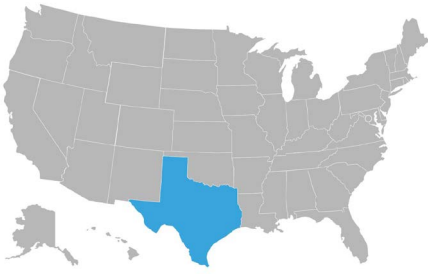# Texas Medical and Dental Coverage Development Process Redesign

3
Webinars

30
Staff Trained

25
Hours of Individual Technical Assistance

The Center worked with the Texas Health and Human Services Commission (HHSC) to develop a framework for and identify key components of a redesigned medical and dental coverage decision process. The Center developed tools to support the integration of new process elements such as topic identification, topic selection and prioritization, evidence and policy review, and policy determinations and communication. The Center provided staff training on evidence source searching and analysis, policy searching and issue analysis, and identification of federal legislation and regulations relevant to state Medicaid programs. The Center also developed targeted stakeholder materials to communicate key highlights of the redesigned process and held intensive training sessions with HHSC on using the new evidence and policy development and design tools.

In 2016 the Center provided webinars for HHSC staff on telemonitoring policy development, policy searching, and health policy (featuring case studies of final Medicaid managed care rules and intellectual and developmental disability services in Medicaid managed care).

In 2017 the Center will continue to provide training and technical assistance to HHSC staff to support elements of the redesigned process and use of the research and decision-making tools.
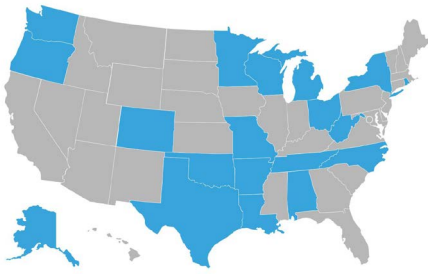
Medicaid Evidence-based Decisions Project (MED)

2016 has been an exciting year for the Medicaid Evidence-based Decisions Project (MED), a self-governed collaborative of state Medicaid programs and their partners. MED welcomed two new state participants—Wisconsin and Ohio—and celebrated its 10-year anniversary with a look back at its past and a look toward where it is going.

19

Member States

MED started in 2006 with nine member states working together to identify the best evidence to guide policy and coverage decisions. With a focus on evidence reviews, the members sought to implement effective interventions designed to improve the health of the people they serve.

MED GIVES US SUPPORT ON STICKY ISSUES EVEN WHEN THERE IS NOT A CLEAR PATH OR EVIDENCE IS EVOLVING.

— COLORADO

55

Reports Produced

As health care delivery systems have changed over the years, the collaborative has added complex policy and health systems analysis to its research portfolio. Researchers and analysts at the Center have examined a broad array of policy and health service delivery topics, including accountable care organizations, behavioral health integration, long-term services and supports, and hepatitis C treatment coverage.

WE ARE ABLE TO MAKE EFFECTIVE EVIDENCE-BASED DECISIONS WHEN APPROVING OR DENYING A SERVICE, PRODUCT, OR PROCEDURE.

— NORTH CAROLINA

6

Workgroups

In 2016 MED had 19 member states that were diverse geographically, politically, and in program structure. This diversity adds strength to the collaborative's ability to work together to solve common issues in creative ways using the members' collective expertise.

58

Meetings

Among the many topics that MED has investigated this year, the opioid epidemic that has swept the United States has been a high priority. State Medicaid officials have discussed the topic on monthly calls, at conferences, and at the Opioid Workgroup, which looks specifically at the issue. On behalf of MED, Center researchers completed reports on inappropriate prescribing, redesign of the substance use disorder treatment system, the long-term use of Vivitrol® to prevent relapse, and urine drug testing.

MED WORK IS CRITICAL TO THE COVERAGE POLICIES WE FORM. THE PERSONAL CONNECTIONS I HAVE MADE HAVE INFORMED POLICY OPTIONS MANY TIMES.

— OREGON

In 2017 MED anticipates expanding its membership, adding to its existing diversity, and continuing to enable members to learn from each other while using evidence in their policy decisions.

10 YEARS OF
MED

The Medicaid Evidence-based Decisions Project (MED) is a self-governing collaborative of state agencies that produces reports and other tools to help state policymakers make the best evidence-based decisions for improving health outcomes. MED provides valuable evidence about effective treatments and information about harmful or unnecessary services.

Since its inception in 2006, MED has grown from nine to 19 member states, and more than half of the original member states are still MED members. Most states remain members for at least five years, and many renew membership as soon as it is feasible. One of the greatest benefits of MED is the production of evidence-based answers to well-defined questions, providing MED participants with access to proprietary reports that use robust research strategies to cover clinical, policy, and financial issues important to states. Within 10 years, MED has increased production from 15 to 55 reports per year.

During the past decade, more than 550 participants have enjoyed the benefits of MED, including 24 conferences, nine workgroups, 549 reports addressing 278 topic areas, and countless conference calls and meetings. MED continues to expand in 2017 and will provide states with ongoing support and tools to best apply evidence to policy.

106,095
Visits to the
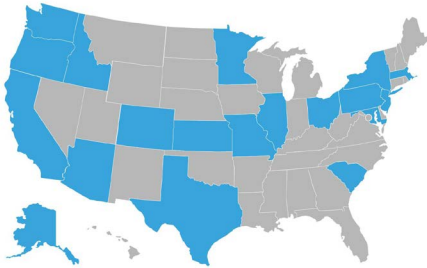MED Clearinghouse

549
Reports
Produced

1
Most Downloaded Report:
Autism Guidelines Evaluation Special Report (2010)

278
Research
Topics

THE CENTER'S
TEAM

10
Countries
Visited

1,815
Miles Biked
to Work

7
Canine
Coworkers

4
Homes
Purchased

Susan Aromaa, MS
Project Lead

Works on MED, PEW
From Boston, MA
Pub trivia junkie

Jane Beyer, JD
Program Officer

Works on MED, EiHP, SMART-D
From Olympia, WA
All about Medicaid, her kids, & hiking

Jordan Byers, MPH
Research Associate

Works on MED
From Phoenix, AZ
Enjoys rock climbing

Susan Carson, MPH
Research Associate

Works on MED, P4P
From Flushing, NY
Advocate for children with disabilities

Beth Church
Project Coordinator

Works on CPC, SMART-D
From Portland, OR
Vegan cupcake baker extraordinaire

Pam Curtis, MS
Director

Works on all things Center-related
From Vancouver, WA
State policy junkie & devoted "barn mom"

Debbie Dion
Project Coordinator

Works on MED, NY TA, TX TA
From Corvallis, OR
Enjoys running & baking

Landon Donsbach
Office Manager

Works on Center operations
From Long Beach, CA
Is the ultimate curmudgeon

Curtis Harrod, MPH, PhD
Associate Research Director

Works on DERP, MED, PEW
From Alamosa, CO
Exercise & sports enthusiast

Rhonda Driver, RPh
Pharmacy Policy Manager

Works on DERP
From Charleston, IL
Sings in her church choir

Scott Harvey
Department Administrator

Works on Center operations
From Boise, ID
Loves traveling & time with friends

Randy Evans, MA
Project Manager

Works on CO MPC, SMART-D
From Santa Cruz, CA
Avid cyclist who bikes to work

Joan Holup
Research Manager

Works on project staffing
From Toledo, OH
Likes novels, cats, & hikes

Galen Gamble
Project Coordinator

Works on BJA, SMART-D
From Coos Bay, OR
Makes amazing cookies

Anitra Ingham
Editor
Works on Center communications
From Fairbanks, AK
1989 FNSB Spelling Bee Champion

Martha Gerrity, MD, MPH, PhD
Clinical Epidemiologist

Works on MED
From Chicago, IL
Will be an empty nester in 2017

Sharon Jundt
Administrative Coordinator

Works on keeping Pam going
From Sumter, SC
Is a country line dance queen

Cathy Gordon, MPH
Project Lead

Works on CPC, state TA
From Portland, OR
Compulsive beachcomber

Chis Kelleher
Program Manager

Works on P4P
From Philadelphia, PA
Avid ponderer

Rachel Hackett
Hatfield Fellow

Works on HERC, MED
From St. Louis, MO
Dreams of health equity

Valerie King, MD, MPH
Research Director

Works on research methods
From Boise, ID
Never met a potato she didn't love

Allison Leof, PhD
Senior Policy Analyst

Works on BJA, MED
From Beaverton, OR
Would do a dissertation daily

Erin Sanborn
Administrative Coordinator

Works on DERP
From Seattle, WA
Enjoys nature & being outdoors

Robyn Liu, MD, MPH, FAAFP
Clinical Epidemiologist

Works on MED, state TA
From Belleville, KS
Plays & coaches roller derby

Duke Shepard
Deputy Director

Directs as deputized
From Lebanon, OR
Slowly improving triathlete

Craig Mosbaek, MPH
Research Associate

Works on HERC, MED
From Bethesda, MD
Founder, Portland Farmers Market

Samantha Slaughter-Mason, MPH
Project Lead

Works on CO MPC, CPC
From Anchorage, AK
Can almost taste that PhD

Adam Obley, MD
Clinical Epidemiologist

Works on MED, HERC, EiHP
From Topeka, KS
Enjoys rowing & skiing

Aasta Thielke, MPH
Project Lead

Works on MED, State TA
From Homer, AK
Outdoor enthusiast & food grower

Catherine Pettinari, PhD
Research Associate

Works on MED
From Virginia, MN
Is a globetrotting grandmother

Dan Vizzini
Policy Analyst

Works on OR CCO, P4P
From Ewing, NJ
Blue ribbon baker

Kelsey Priest, MPH
Graduate Research Associate

Works on MED
From Portland, OR
Forest Park is her happy place

Taylor Woods, MPA
Research Associate

Works on MED
From Houston, TX
Likes living in a Blazers town

Moira Ray, MD, MPH
Clinical Epidemiologist

Works on HERC, MED, NY TA
From Glens Falls, NY
Avid birdwatcher

Al Yang
Financial Analyst

Works on Center finance
From Portland, OR
Sports fanatic