FORESIGHT 2020:
When Evidence Goes Viral

ANNUAL REPORT 2020

EVIDENCE-BASED POLICY CENTER FOR

CONTENTS

A MESSAGE FROM DIRECTOR PAM CURTIS

> **Foresight: an act of looking forward; prudence.**
>
> — *Merriam-Webster*

It's said that hindsight is 20/20, but what if foresight were 20/20, as well?

In 2020, the Center for Evidence-based Policy (Center) had the privilege of helping states in their efforts to make sense of the complex and unpredictable circumstances of this year. We doubled down on our efforts to increase state capacity and channel evidence into policymaking.

We supported the prudent and forward-thinking efforts by states to:

- create a practical view of their future health policy, as well as prepare for additional potential adversity;

- understand the possible consequences of 2020's unexpected events;

- develop stakeholder shared understanding to inform policy decisions;

- build tools to address policy uncertainty and complications; and

- create additional knowledge as input for the policymaking process.

You can read about many of our efforts in this report. A few notable examples include:

- Helping Pennsylvania develop a future-focused, comprehensive health reform plan centered on physical and behavioral health, tackling issues of affordability, accessibility and health inequities

- Working with Louisiana to build a transparent, systematic, and evidence-based process for benefit coverage determinations, including tools for benefit nominations, benefit selection and prioritization, research, and decision-making.

- Through our flagship DERP and MED collaboratives, assisting over half of the US states gain insight into potential policy options by obtaining, assessing, and applying best-available-quality evidence to the complex health challenges of 2020

Policymakers _can_ couple evidence with collaborative stakeholder efforts to make sense of the world, and therefore be equipped with the tools to navigate and shape the future. Foresight _can be_ 20/20 when it focuses on high-quality evidence and data.

PROJECTS 2020

Collaborative/Group	Reports
DERP	47
MED	35
OCID	2
HERC	3
WA HTA	2
Total	**89**

2020 MED and DERP Participation

MED only ▮   DERP only ▮   DERP + MED ▮▮▮
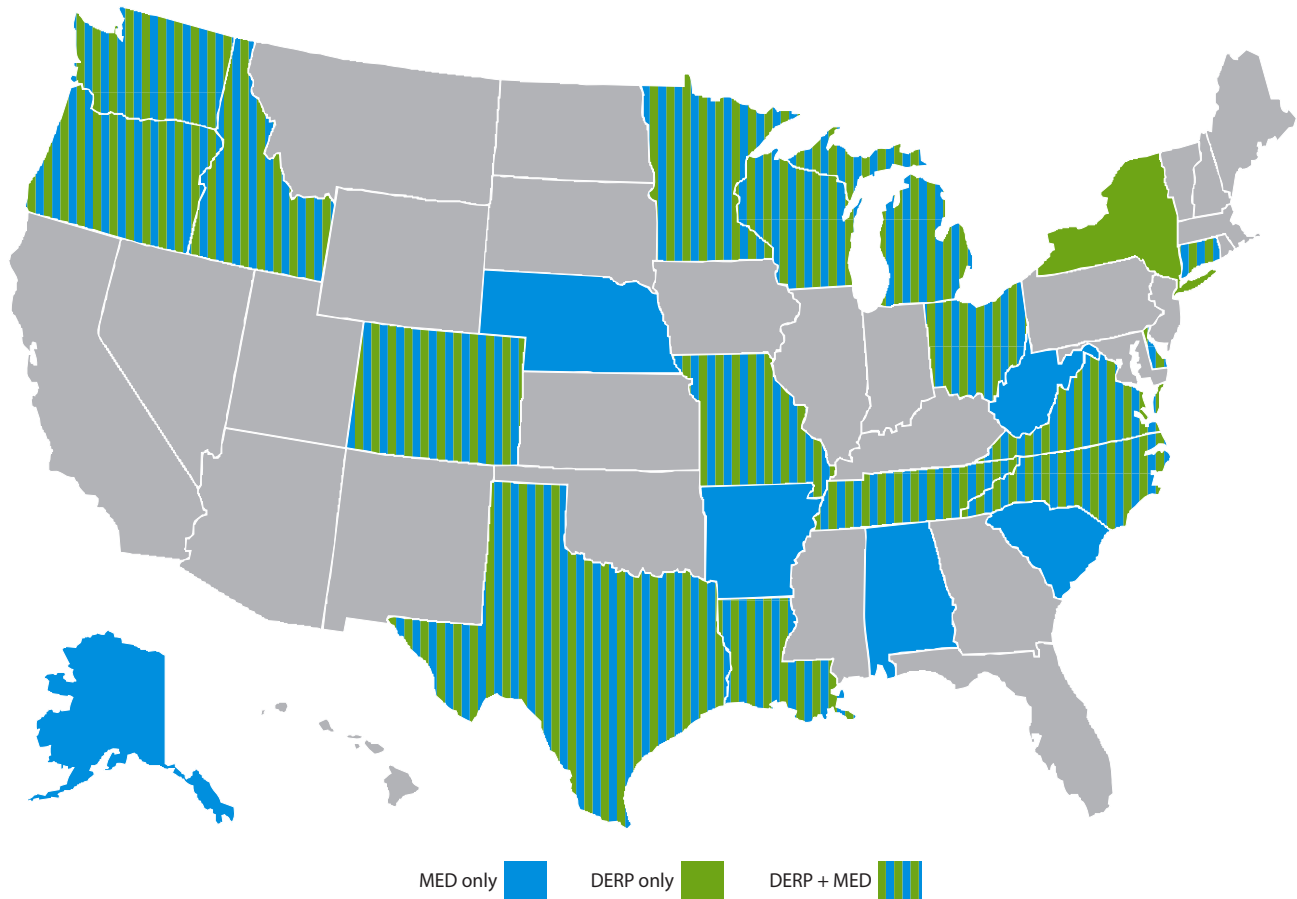
COLLABORATIVES

Drug Effectiveness Review Project (DERP)

The Drug Effectiveness Review Project (DERP) is a collaborative of state Medicaid and public pharmacy programs dedicated to producing concise, comparative, evidence-based research products that assist policymakers and other decision-makers grappling with difficult drug coverage decisions. DERP research evaluates the efficacy, effectiveness and safety of drugs, particularly for those therapies with the potential to change clinical practice such as specialty and high-cost drugs, to help improve appropriate patient access, safety, and quality of care.

The Center provided 47 robust evidence reports, along with dozens of presentations and other research products, to DERP members in 2020. In addition to these publications, DERP continued to provide its participating states with the tools they need to make informed decisions, especially in light of a resource-draining global pandemic. Some programmatic approaches have been modified, but state participation has remained steady at 15 states. As already-limited state resources funneled toward fighting the pandemic, DERP participants were eager to explore evidence and potential strategies for high-cost and experimental therapies.

A comprehensive pipeline report, *Projected Future High-Cost Therapies in Phase 3 Testing*, provided states with a look at specialty and high-cost drug therapies coming to market, as well as their projected financial impact. The information provided in this report will be utilized as states strategize and prepare their upcoming budgets.

An example of a robust program adaptation during the year were the Center-wide, all-state COVID-19 calls, in which any and all state participants from the Center's 3 collaboratives (DERP, MED, and SMART-D) were invited to weekly themed teleconference events held throughout the month of April. Call topics included increasing telehealth, managing prior authorization of services, and identifying and addressing health disparities to increase access to desperately needed health care during the pandemic. These calls took place at a crucial time during the pandemic, and provided states with the resources and evidence needed to implement solutions, such as extending or suspending prior authorization requirements, and operationalizing pharmacy system changes that would quickly and positively impact patients.

The Center also held 2 virtual conferences for all state collaborative participants in the spring and fall of 2020. The conferences featured DERP reports on high-cost therapies: *Disease-modifying Drugs for Multiple Sclerosis Agents, Trikafta for*

> **It's good to be able to turn to you for last minute information requests!**
>
> *Beth Daniel, MSN, RN*
> *Associate Director Medical and Behavioral Health*
> *NC Medicaid, Division of Health Benefits*

Cystic Fibrosis, and *Risdiplam for Spinal Muscular Atrophy*. These reports detailed the latest evidence analyses for these therapeutic classes, and included policy considerations and management strategies that states can use to build clinical coverage criteria and negotiate with drug manufacturers to garner additional drug rebates.

The fall conference featured a keynote and in-depth discussion with the CMS Director of Pharmacy, John Coster; he provided DERP members with an update on federal activities affecting states, such as the imminent authorization and distribution of COVID-19 vaccines, as well as discussion on the recently released proposed federal rule on value-based purchasing. States rely on DERP to augment traditional research products by offering additional policy tools, management strategies, and interactions with industry leaders to help states make informed health policy decisions and improve drug-cost predictability.

Medicaid Evidence-based Decisions (MED) Project

In 2020, the Center completed 35 research reports for the Medicaid Evidence-based Decisions (MED) project, a collaborative of 21 state Medicaid programs. Policymakers in MED-member states were committed to using the challenges of 2020 to launch or continue improvements in their programs, and to do so grounded in the best-available evidence. Research conducted for MED states illustrates both the challenges and opportunities they faced, as well as the long-term usefulness of evidence.

Some of the 2020 MED research topics included:

- the delivery of telehealth services (an interest that accelerated among states as the pandemic worsened);

- the delivery of behavioral health services via telehealth technologies (a report that has been widely used during the pandemic to guide policy decisions);

- behavioral health programs, including treatment for addiction disorders and policies on services for autism spectrum disorders (a recurrent theme across the past 5 years);

- paired reports on comprehensive care programs for foster youth and the use of data systems to facilitate care in that population (both reports assisted states to make needed improvements for this vulnerable population);

- care for pregnant women and children (key targeted Medicaid populations), including ways that Medicaid programs can help to promote academic readiness in young children; and

- value-based strategies in pharmacy programs and for long-term services and supports (used by states to consider implementing new payment strategies suited for increasingly complex health policy).

States also used Center reports to develop strategies for working across agency lines to improve outcomes, ands to improve the organization and administration of Medicaid programs to optimize efficient delivery of effective services.

As MED states adjusted to the realities of 2020, the Center met them with strategies to support their work. In addition to research and monthly reports, MED member states participated in twice-monthly webinars, 5 topic-specific workgroups with deep dives on pressing issues (including behavioral health, telehealth,

substance use disorders, genetic testing, and durable medical equipment), a clearinghouse for sharing information, and 2 conferences. Conferences in 2020 took the form of 5 weekly COVID-themed calls in April, and a virtual conference in October focused on issues of race and disparity in health care outcomes.

States often have the foresight to identify rapidly emerging issues. However, armed with the best-available evidence from MED, policymakers were able to couple that research with information from their states and develop a systematic understanding of long-term developments and implications. As a result, state agencies were better equipped to design strategies addressing the complicated issues they faced during an unpredictable year.

State Medicaid Alternative Reimbursement and Purchasing Test for High-cost Drugs (SMART-D)

The Center's State Medicaid Alternative Reimbursement and Purchasing Test for High-cost Drugs (SMART-D) project continued in 2020 with the support of Arnold Ventures. The SMART-D project continues to focus on strengthening the ability of states to manage high-cost drugs, while protecting patient access to safe, effective therapies. Between 2016 and 2018, SMART-D focused on options available to states to purchase and pay for high-cost drugs

under existing federal law, and the Center's work supported implementation of innovative outcome-based purchasing arrangements in Medicaid agencies for Oklahoma, Michigan and Washington state.

Phase 4 of SMART-D, which runs through 2021, aims to equip states with tools, research, and evidence (including legal, regulatory, state lessons learned, and implementation considerations) in 2 focus areas:

- Multi-agency purchasing partnerships involving Medicaid, other public purchasers, and (possibly) commercial insurance carrier partners
- Single and aligned Preferred Drug Lists (PDLs) for Medicaid managed care states

In early 2020, the Center released 2 issue briefs within these focus areas, entitled *SMART-D Multi-agency Purchasing Framework for States*, and *Medicaid Preferred Drug List Options for States*. The briefs were circulated to participating SMART-D states, as well as states in the Center's MED and DERP collaboratives. Both of these 2020 briefs, as well as prior SMART-D briefs, are available on the Center's website.

Through this project, the Center also worked with 3 states on technical assistance for multi-agency purchasing efforts. These participating states are actively addressing immediate

short-term needs to manage a global pandemic and economic downturn to serve the state's constituents better, while also having the foresight to pursue long-term, transformational multi-agency purchasing partnerships with a goal of overall cost savings in the public purchasing of high-cost drug therapies.

A SAMPLE OF STATE TECHNICAL ASSISTANCE

Colorado Multi-Payer Collaborative

The Center has provided facilitation and staff support to the Colorado Multi-Payer Collaborative (MPC) since 2012. This MPC is a voluntary collaborative of commercial and public health plans focused on transforming care and reforming payment options in Colorado. The collaborative currently includes nearly all payer organizations in the state, including the Colorado Department of Health Care Policy and Financing, and Centers for Medicare & Medicaid Services.

In 2020, MPC members reaffirmed their commitment to making a collective impact on the health care landscape in Colorado through their continued collaboration, and the Center supported their priorities for their work together:

- fostering support for primary care, acknowledging the realities of the pandemic; and

- advancing primary care transformation and the evolution of whole-person care guided by the framework, goals, and milestones developed by the MPC.

MPC members are focused on sustainability, working to envision a future beyond the federal transformation models that initiated the

formation of the collaborative, and beyond the pandemic that has so dramatically affected the way patient care is provided. In an effort to work toward that future, during 2020 MPC members:

- Held a virtual multi-stakeholder symposium: A meeting of stakeholders to explore the challenges and opportunities posed by the pandemic, as well as how payers and providers can work together to support each other and patients to build a stronger future.

- Finalized the Framework for Integrated Whole-Person Care: Adapted from the work of *Bodenheimer and colleagues*, this framework includes aligned milestones and goals for transforming primary care.

- Data sustainability assessment and planning: Focused on identifying long-term options for aggregation across payer data, following the end of the Comprehensive Primary Care Plus (CPC+) initiative in 2021.

Oregon Health Evidence Review Commission (HERC)

The Oregon Health Evidence Review Commission (HERC) is a statutorily created, governor-appointed panel that reviews evidence to inform health care coverage decisions and priorities for the Oregon Health Authority. The Center works with HERC members and staff to develop evidence-based coverage guidance, and provides consultation to state staff to support the work and deliberations of the commission. In 2020, the Center helped HERC with evidence reports to facilitate final discussions regarding changes to out-of-hospital birth coverage in the Medicaid program, along with multisector interventions to improve cancer screening. The Center also contributed research background for future topics such as total knee reconstruction

or replacement, and interventions to improve vaccine coverage among adolescents.

The evidence review the Center conducted on interventions to improve cancer-screening attendance and outcomes described methods to increase screening in both general and specific populations, including those living in rural areas and racial and ethnic minority populations. The Center's data visualization staff provided extra support to create intuitive figures summarizing results from the extensive literature base on cancer screening.

These informative figures, alongside the full report, were designed to help staff at coordinated care organizations (Oregon's version of Medicaid managed care) quickly determine which interventions might increase breast, colorectal, and cervical cancer screening among their enrollees. Implementing appropriate screening interventions has the potential to improve quality measures for health systems and payers, and to decrease the risk and cost of cancer-related morbidity and mortality.

State of Pennsylvania Health Transformation Strategies

The state of Pennsylvania engaged the Center to develop a vision and plan to reform its approach to health care, to adjust for new COVID-19 realities. The effort was led by the Pennsylvania Department of Human Services in conjunction with the Pennsylvania Department of Insurance and Governor's office. The plan was designed to assess and recommend efficient options and approaches adjusting finances, in light of significant post-COVID budget shortfalls.

The recommendations span Pennsylvania's health system in an effort to achieve cost

savings while transitioning to a regionally driven, whole-person care model that can address gaps in care coordination, affordability, accessibility, and health equity. Some of these approaches included:

- Value-based and performance-based payment options
- Consolidation of purchasing
- Cost and rate benchmarks
- Global budget approaches
- CMS approaches for upfront or shared savings

Figure 1: Pennsylvania Health Reform

On October 2, 2020, Governor Tom Wolf issued an executive order and held a press conference to announce the state's health care reform proposal, including the 3 key recommendations (see Figure 1) resulting from the Center's work:

- creation of a state Interagency Health Reform Council;

- development of Regional Accountable Health Councils to drive local change; and establishment of a Health Value Commission to measure the ongoing cost of care and health outcomes in the Commonwealth.

"I am proposing a health reform package that will make health care more affordable, hold health care corporations accountable and tackle the health inequities resulting from systemic racism," Governor Wolf said when announcing these landmark changes.

Washington Health Technology Assessment Program (WA HTA)

The Center assisted the Washington Health Technology Assessment (WA HTA) program, and its Health Technology Clinical Committee (HTCC) by conducting systematic evidence reviews to help them make coverage decisions that apply to all publicly financed health care programs in the state, from state employees and teachers to the Medicaid program. In 2020, the Center's work with WA HTA focused on *Cell-free DNA Prenatal Screening for Chromosomal Aneuploidies* and *Vagal Nerve Stimulation for Epilepsy and Depression.*

The HTCC used the information to approve coverage of cell-free DNA screening for all pregnant women, regardless of baseline risk for fetal chromosomal aneuploidies, because the test works well for all women. The HTCC did not approve vagal nerve stimulation therapy for treatment of treatment-resistant depression based on a lack of effectiveness. However, coverage of vagal nerve stimulation therapy was affirmed for people with intractable seizure disorders who meet evidence-based criteria, based on our report.

The WA HTA program has been guiding coverage decisions in the state since 2007. It is unique in the US as the only state HTA program whose decisions are binding across a broad array of health care payers. Over the past 13 years, they have found that coverage decisions have helped to lower state spending on ineffective and harmful treatments and tests (for example, lumbar fusion, and imaging for rhinosinusitis symptoms).

The Center has also worked with the WA HTA program and other evidence contractors to help the HTCC and staff develop HTA methods and processes, and we have used our experience to help advise other states who are exploring establishing similar public HTA programs.

Supporting Health Transformation in Washington State

In 2020 Center also worked with the Washington State Health Care Authority (HCA) on a range of timely health transformation efforts, including:

- development of a new Washington Multi-payer Primary Care Transformation Initiative that seeks to strengthen system-wide primary care through payment reform and a focus on whole-person care;

- facilitation and development of a new Washington Multi-payer Collaborative, as a venue for coordinated implementation of the new primary care model;

- identification of potential savings and efficiencies in Washington's Medicaid managed care program, identifying barriers and remediation strategies for successful implementation; and

- identification of opportunities for HCA to align health transformation goals, priorities, and initiatives across HCA programs as well as private stakeholder efforts.

All of these projects draw on years of lessons learned from health reform initiatives in the state. The Center's work with the WA State HCA will allow the agency to build on past efforts and to have the foresight to meet the future health needs of Washingtonians. These projects create levers the HCA can use to ensure better health and better care at a lower cost, through the purchasing of high-value services, focusing on whole-person care, and building healthier communities.

East Coast Compact SARS-CoV-2 Testing Project

As the number of COVID-19 cases increased in summer 2020, the importance of testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), became especially clear for 3 northeastern states—Delaware, New Jersey, and Rhode Island—and they joined forces to address testing guidelines.

Experts recommended increased access to testing and contact tracing as states reopened, but evolving evidence and guidance about testing protocols led to questions about the frequency of testing, who should be tested and under what conditions, and who should pay for testing. The federal government identified states as responsible for developing testing plans, but there was no nationally recognized protocol available for states to adapt for their own testing approaches.

COVID-19 RESPONSE

In 2020, the pandemic-related challenges of in-person gatherings necessitated a quick pivot to virtual meetings and conferences. The Center for Evidence-based Policy (Center) hosted a series of calls related to COVID-19 in April, and hosted a series of 3 multiple-day virtual conferences in the fall.

The April COVID-19 state Medicaid response calls occurred once a week for 5 weeks, providing an opportunity for states to receive important information and discuss the ways in which they were dealing with coronavirus-related topics, ranging from telehealth policies, prior authorization for medical and pharmacy services, substance use, and behavioral health.

During the fall, the Center hosted 8 total days of virtual conferences open to states working with the Center in any capacity. Conference topics focused on high-cost pharmacy, telehealth and addressing health disparities. Conference sessions provided participants with engaging presentations, dynamic speakers, opportunities for state networking, and an active platform for live participant feedback which utilized both chat and polling software.

As a result, these states, along with Connecticut, Massachusetts, and Pennsylvania, investigated a shared approach to testing and follow-up for asymptomatic populations designed to mitigate the spread of SARS-CoV-2, and make safe, sustainable reopening of economies in these states possible.

With financial support from the Millbank Memorial Fund, the Center provided these states with evidence-based research about testing for SARS-CoV-2 within high-risk, asymptomatic populations. Among others, high-priority populations identified by these states included skilled-nursing and assisted-living facility populations, other congregate settings, immunocompromised individuals, workers with high exposure risk, people experiencing homelessness, and asymptomatic people with known exposure. The Center also worked with the states to develop a common approach both for testing in these populations and for financing the benefits and necessity of testing.

West Coast Compact

Building on a previous announcement regarding reopening their states after COVID-19 shutdowns, Colorado Governor Jared Polis, Nevada Governor Steve Sisolak, Oregon Governor Kate Brown, and Washington Governor Jay Inslee announced that their states would work together on telehealth issues. Supported by the Center, the governors issued a joint statement in August 2020 pledging to work together to identify best practices that support telehealth services, guided by 7 overarching principles.

Although California Governor Gavin Newsom did not join in the statement, California also is part of this multi-state effort. These western states have continued to work together on a common method to evaluate telehealth efforts, staffed and supported by the Center. This work has also expanded to include the development of a common framework for health equity across the states, to be developed in 2021.

"We know that a strategic asymptomatic testing plan is one of our strongest lines of defense against the spread of COVID-19. As case number spike across the country, it's more important now than ever that we're taking the most effective interventions possible. I'm grateful to my fellow governors for their collaboration as we follow this shared approach to keep our residents safe."

- Rhode Island Governor Gina M. Raimondo (press release)

A SAMPLING OF NEW INITIATIVES

CLOUD

The Center's Curated Library about Opioid Use for Decision-makers (CLOUD) project is an online library of actionable materials about opioids and the US opioid crisis, curated for policymakers and community leaders, payers and providers, and patients and caregivers. CLOUD is funded by a grant from the Consumer and Prescriber Education Grant Program, and was created in partnership with the National Governors Association, the Milbank Memorial Fund, and an advisory board comprising a diverse cross-section of representatives from nonprofit and governmental organizations working on opioid-related issues.

In 2020, the CLOUD's curated materials featured collections on topics of high importance such as reducing stigma surrounding substance use disorders and substance use disorder treatment in pregnant and parenting women. The Center also launched a CLOUD Twitter feed, @opioidlibrary. In 2021, the CLOUD team will focus on obtaining long-term funding for the project, expanding the library collection, and encouraging ongoing use by targeted audiences.

The CLOUD demonstrates the Center's commitment to anticipating the needs of policymakers. States and local governments are expected to receive significant funding from the settlement of opioid lawsuits in the coming years. By curating a centralized source for evidence-based, actionable strategies to improve the prevention, treatment, and recovery from opioid use disorder, as well as addressing addiction-related issues in their communities, CLOUD positions decision makers with the foresight to make the most of these investments in their communities.

Oregon Child Integrated Dataset (OCID)

The Center has been working since 2009 to develop an integrated and longitudinal child dataset to assist Oregon policymakers with program and resource decisions to improve the well-being of children in the state. In 2019-2021 biennium this hard work paid off when the state of Oregon invested $2 million, and 9 philanthropic organizations collectively contributed an additional $1 million in matching donations, to fund the Oregon Child Integrated Dataset (OCID) through June 2021. OCID, created and administered by the Center, integrates program data from 5 state agencies and creates a powerful cross-program, longitudinal view of the well-being of children in Oregon.
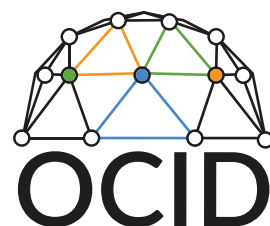
In 2020, the Center launched the OCID website (www.ocid-cebp.org), which includes a publicly available Child Well-being Dashboard; and embarked on the first in-depth analysis examining the relationship between early childhood programs and education outcomes. The OCID team also regularly convened and facilitated the OCID Governance Committee, collaborated with state agency leadership and technical staff, and initiated engagement with

various stakeholder groups. The Governor of Oregon officially announced the project on October 14, 2020 in a press release, followed by a highlight in OHSU News.

Policymakers, stakeholders, and community leaders will now be able to access this integrated program data, to inform policy decisions that improve outcomes for Oregon children and their families. OCID provides Oregon policymakers with the foresight to make data driven decisions:

- through the dataset, which is unique in its ability to trace the pathways taken by groups of children and families through various state-funded programs, services, and interventions;

- by allowing policymakers to identify where improvements can be made at critical points, to better serve Oregonians for improved outcomes in the future; and

- as a forum for state officials, working with the Center, to increase expertise and capacity for data-driven policy decisions.

American College of Physicians (ACP)

In 2020, the Center started a new collaborative project with the US Department of Veterans Affairs (VA), to conduct systematic reviews, meta-analyses, and network meta-analyses for the American College of Physicians (ACP). The Center and the VA will complete reviews focused on interventions for a specific health condition. Through this collaboration, our high-quality and rigorous systematic reviews will provide vital information to the ACP Clinical Guidelines Committee as they develop evidence-based recommendations, benefitting the long-term health and quality of life of individuals affected by the conditions we study.

Importantly, we will also explore analyses to better understand how different participant characteristics influence outcomes, and whether or not interventions are more or less beneficial for different groups. This work will enable the ACP Clinical Guidelines Committee to tailor their recommendations and better support vulnerable populations.

The Center and the VA are currently working on the first review, addressing the effectiveness and harms of pharmacological and nonpharmacological interventions to prevent and treat osteoporosis. All systematic reviews developed for ACP will be published in the *Annals of Internal Medicine*.

Systematically Testing the Evidence of Marijuana (STEM)

In 2020, the Center collaborated with the VA to launch "Systematically Testing the Evidence of Marijuana" (STEM). STEM is funded by the VA Office of Rural Health and is designed to build an evidence-based resource for comprehensive, independent, up-to-date, user-friendly, and nonbiased information on the benefits and harms of cannabis use. The long-term goals are focused on providing foresight to both clinicians and patients:

- empower clinicians to have evidence-based discussions about cannabis use with their patients;

- provide an educational resource for patients; and

- promote high-value, patient-centered research on cannabis.

STEM will accomplish these long-term goals by providing clinicians, researchers, patients, and

the public with information on the benefits and harms of cannabis use, as well as identifying and sharing information about ongoing studies and existing gaps in evidence. Designed as a website with collections for medical professionals, researchers, and the public, STEM will use evidence synthesis methods to characterize what is known about the health effects of cannabis across topics such as chronic pain, post-traumatic stress disorder, and cannabis use during pregnancy.

There are currently many uncertainties among clinicians, researchers, and patients regarding the effectiveness and harms of cannabis. STEM is designed to improve knowledge in these areas, as well as stimulate research to address gaps in the knowledge. Ultimately, the STEM project will provide an objective and evidence-based lens that can be utilized by a wide variety of audiences ranging from clinicians to policymakers.

DIVERSITY AND INCLUSION EFFORTS

The year 2020 brought focus on issues of equality and diversity. In the United States, we experienced sharp examples of racial inequality, protests and unnecessary deaths. The COVID 19 pandemic gave us yet another view of how race and ethnicity plays out in health disparities.

The Center has had Diversity and Inclusion goals since 2016. This year, we redoubled our efforts, including:

1. Engaged staff through a Diversity and Inclusion survey focusing on various topics.

2. Renewed efforts by developing an enhanced Diversity and Inclusion plan, with strategies designed by Center staff, and incorporating guidance from OHSU.

3. Incorporated our renewed plan into the Center's ongoing Strategic Plan.

4. Created a new Diversity and Inclusion mission statement to incorporate into all job descriptions and for use in Center marketing/outreach programs.

5. Engaged all staff in monthly equity conversations launched by a new book club.

CENTER DIVERSITY AND INCLUSION MISSION STATEMENT

The Center strives to be a healthy and thriving work environment where everyone, from any background, can do their best work. We are committed to an inclusive workplace that celebrates and values diversity of age, race, ethnicity, gender identity, sexual orientation, physical and mental ability, and perspective. We are dedicated to continuous improvement that enables inclusive collaboration among staff with diverse skills and perspectives with the goal of enhancing quality and accessibility of our work for our clients.

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