

DEEPER INSIGHT. **BROADER IMPACT.**



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From the Director



I'm exceptionally proud to present the Center's 2018 annual report, which highlights many notable achievements, as well our continued evolution as an organization. Now in our 15th year, we're doing more than ever to enable state health policy grounded in the best available evidence, and to encourage collaborative discourse focused on getting results. We believe we're both practicing and advancing the science of good policy.

Today, our impact in support of states is being felt more deeply and more broadly. We're meeting more states' needs — and in different ways — than at any time in our history. In 2018, our most active year yet, our team:

- **Served 25 states;**
- **Generated 38 evidence reports;**
- **Held six continuing education seminars for health professionals;**
- **Trained 125 state officials in using evidence in health policy; and**
- **Assisted four states with prospective APMs for high-cost drugs.**

I hope this report helps you gain insight into the full scope of our activities, including our dedication to raising the bar for our own performance. The Center's 2018 accomplishments, as well as our work ahead, depend on:

- **The dedication of state officials to sound, effective policy that improves their populations' health and transcends political acrimony;**
- **The commitment of our partners to support the pivotal work states do to advance solutions for the most vulnerable among us; and**
- **The hard work of our staff to help states achieve results using the best available research and analysis.**

As we enter our 16th year, many states now depend on the Center as an indispensable resource. State health policy is developing at a rapid pace — and in new and unforeseen directions. As we move ahead, we'll continue to expand our skills to meet diverse customer needs, as well as increase the number of states we serve in response to strong demand. We'll also be extending our bench by adding additional state policy expertise, analytic and modeling support, and capacity to help states explore innovative evidence-based solutions.

We're confident that the best is yet to come.

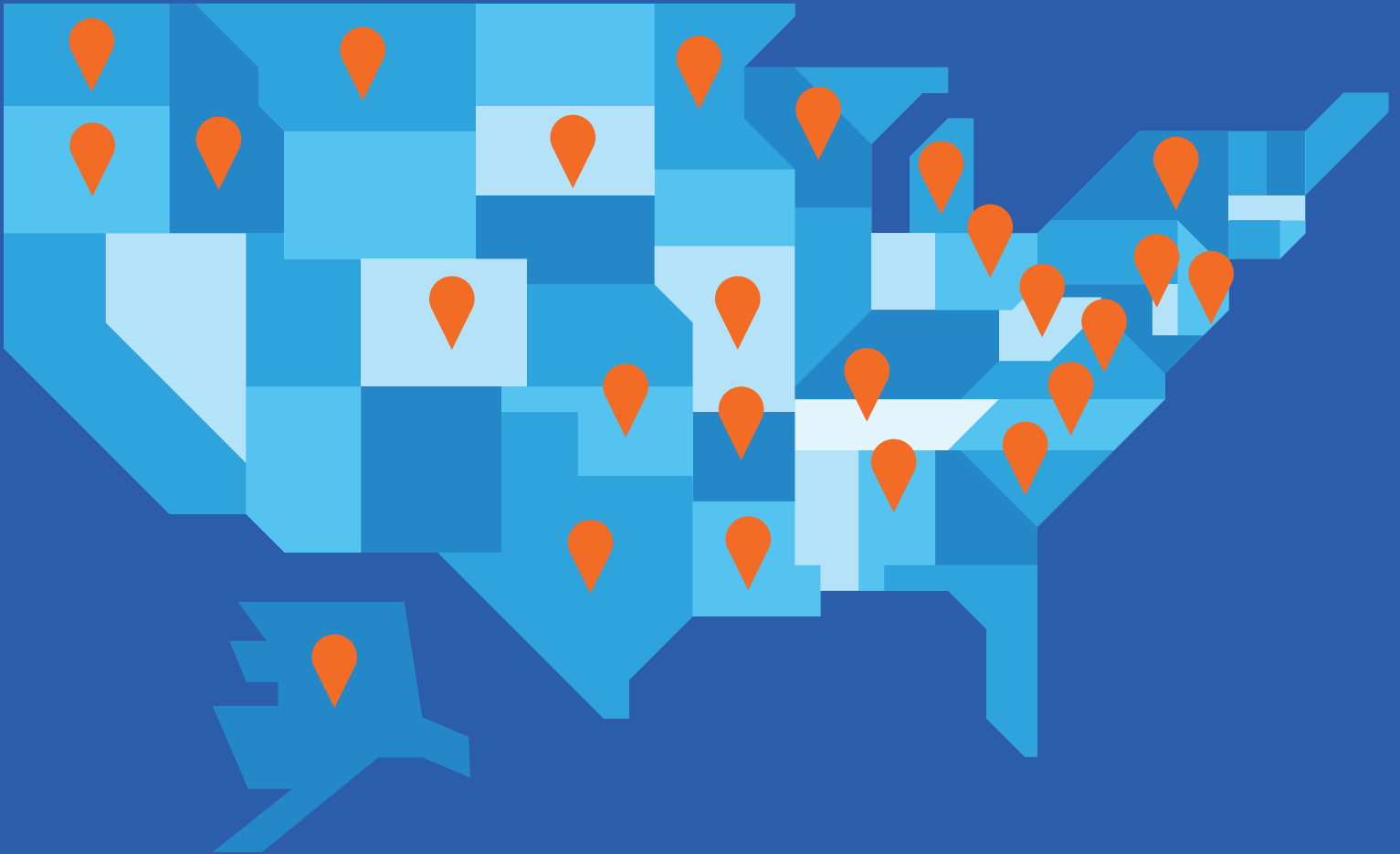
Regards,

A handwritten signature in black ink that reads "Pam Curtis".

Pam Curtis

Serving Far and Wide

The Center worked with 24 states and the District of Columbia in 2018.



1. Alabama
2. Alaska
3. Arkansas
4. Colorado
5. Delaware
6. District of Columbia
7. Idaho
8. Louisiana
9. Michigan

10. Minnesota
11. Missouri
12. Montana
13. New York
14. North Carolina
15. Ohio
16. Oklahoma
17. Oregon
18. South Carolina

19. South Dakota
20. Tennessee
21. Texas
22. Virginia
23. Washington
24. West Virginia
25. Wisconsin

Collaboratives

Medicaid Evidence-based Decisions Project (MED)

The **Medicaid Evidence-based Decisions Project** 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's value is seen in the evidence and policy reports produced, as well as in the multiple opportunities for participants to exchange Medicaid-specific ideas and information with their colleagues. In 2018 the collaborative welcomed Delaware and Virginia, growing the total number of MED states to 20.

Spring and Fall Conferences

Our in-person MED conferences, hosted in the spring and fall each year, offer prime opportunities for professional collaboration. The 2018 spring conference in Denver, Colorado, kicked off with a discussion about ethical dilemmas faced when making decisions in a resource-constrained environment. Participants spent the rest of the conference applying what they learned to social determinants of health and data use. The fall conference, held in Portland, Oregon, centered on partnerships. Using a Collective Impact framework, conference sessions focused on partnerships between Medicaid and public health, behavioral health, and managed care organizations, as well as the building blocks for state data partnerships.

Reports and Participant Requests

MED produces proprietary reports and other tools that use robust research strategies to explore clinical, policy and financial issues important to states. These reports offer unbiased analyses of complex issues; provide valuable evidence about effective treatments and information about harms; and assist states

in evaluating the effectiveness of costly health services and technology. By incorporating evidence into coverage decisions, state policymakers can create sensible policies that improve health outcomes and effectiveness.

In 2018, the MED Collaborative produced 28 reports on a wide variety of topics, including: *Management Strategies to Increase Access and Utilization of Medication-Assisted Treatment for Opioid Use Disorder*; *Telehealth in the Home: Evidence, Policy, and Practice*; and *Noninvasive Prenatal Testing Panels for Microdeletion Syndromes: Evidence, Guidelines, and Policies*.

Conference Calls and Workgroups

In addition to reports and conferences, the MED collaborative also hosts bimonthly conference calls and topic specific-workgroups for member-states. These unique forums help MED participants share ideas and collaboratively address common issues, from policy to implementation. The 2018 workgroups focused on durable medical equipment, genetic testing, non-emergency medical transportation, opioids, oral health and telehealth. The issues explored and tools produced will assist states in applying valuable information gleaned.

Looking Ahead

In 2019 the Center will continue to expand the number of member-states and topics addressed in MED, as well as sharpen our ability to produce data analytics/modeling and address policy and clinical questions.

Collaboratives

Drug Effectiveness Review Project (DERP)

The **Drug Effectiveness Review Project** is a trailblazing collaborative of state Medicaid and public pharmacy programs formed in 2003 to produce objective, comparative research products and reports that assist policymakers with difficult drug coverage decisions. Nationally recognized for its clinical objectivity and high-quality research, DERP focuses on specialty and other high-impact drugs — particularly those that have potential to change clinical practice. DERP reports are designed to evaluate the efficacy, effectiveness, and safety of drugs to help improve patient outcomes, patient safety and overall quality of care. States use DERP reports to develop Medicaid pharmacy program coverage, address drug access and help participating states better manage exploding drug costs.

New Partners

To increase research capacity for the collaborative, DERP added three new research partners in 2018: RTI International at the University of North Carolina, Auburn University, and the Oregon Health and Science University Center for Health Systems Effectiveness. In addition to the Center's research, these new partnerships are benefiting DERP state agencies as the landscape of pharmacy continues to evolve. States need creative new strategies (along with high-quality evidence) to manage the influx of specialty therapies, and DERP is leading the charge.

DERP Conferences

The DERP collaborative holds two conferences each year. In 2018, these events focused on the role of real-world evidence in pharmacy, the ever-growing high-cost drug pipeline, and unique strategies for managing rising drug costs. DERP took a clinical look at oncology and CAR T-cell therapy, pharmacoeconomics, and a drug pricing laboratory that demonstrated new levers for negotiations with manufacturers. Featured research topics included new chimeric antigen receptor (CAR) T-cell therapy advances in cancer treatment, and calcitonin gene-related peptide (CGRP) monoclonal antibodies for migraine prophylaxis.

Looking Ahead

Research topics for 2019 include a deeper dive into migraine prevention and treatment, with a report focused on treatment agents and the place in therapy for newer prevention agents. DERP will also focus on oncology (as additional CAR T-cell therapies come to market), as well as the ballooning drug pipeline, HIV antiretroviral therapy guidelines, and the PCSK9 inhibitors. In true trailblazing fashion, DERP provides the information member states need to develop criteria for those expanding drug classes — giving them the tools to make informed policy decisions and improve drug cost predictability.

Collaboratives

SMART-D

Since 2016, the Center's **State Medicaid Alternative Reimbursement Test for High-Cost Drugs (SMART-D)**, funded by the Laura and John Arnold Foundation, has aimed to:

- Bring clarity to the complicated landscape of drug purchasing for state Medicaid programs; and
- Develop alternative payment models (APMs) to help improve patient access to evidence-based therapies, while allowing states to predict and manage prescription drug costs.

From the beginning, SMART-D has focused on providing state Medicaid programs with viable opportunities to pursue alternative arrangements within their manufacturer/stakeholder relationships, benefiting the states through:

- Budget predictability;
- Lower prices;
- Robust arrangements for “whole-person care” connected to drug therapies; and/or
- Improved outcomes (financial, clinical, utilization, population health).

SMART-D aims to help states find different ways of purchasing drugs that are unique and potentially more effective than simply cycling through the standard Medicaid Drug Rebate Program (MDRP) arrangements.

In 2018, research and technical assistance from SMART-D supported the state of Oklahoma and the federal Centers for Medicare & Medicaid Services (CMS) to develop a contract template for use in State Plan Amendments necessary

for state Medicaid programs to engage in APM arrangements. Oklahoma was the first state to receive federal approval for work growing out of SMART-D and received significant national attention at the time of the announcement, including notable promotion by the federal government as a “first-of-its-kind” arrangement.¹

“We applaud Oklahoma’s proposal for a state-plan amendment, which is an innovative approach to reform how we pay for prescription drugs and will lead to better deals for our beneficiaries and our program.”

Seema Verma, CMS Administrator

CMS also gave Michigan approval using the SMART-D template for its program to enter into outcomes-based drug payments with manufacturers.

The Center is excited to work with the state of Washington on its ambitious effort to eliminate Hepatitis C across the state through a multi-agency, multi-payer purchasing approach that would be the first of its kind in the country. Governor Jay Inslee issued an Executive Order² on September 28, 2018, directing the state to pursue this elimination strategy.

The SMART-D team continues to work with states as they pursue APMs, and to engage with new states that express interest in the pathways and tools developed by the project. To find SMART-D research and products, including a state toolkit for getting started in pursuing Medicaid APMs, visit <https://centerforevidencebasedpolicy.org/our-approach/smart-d/>.

¹ www.cms.gov/newsroom/press-releases/cms-approves-state-proposal-advance-specific-medicaid-value-based-arrangements-drug-makers

² www.governor.wa.gov/sites/default/files/18-13%20-%20Hepatitis%20C%20Elimination.pdf

Evidence for States

Oregon Health Evidence Review Commission (HERC)

In Oregon, the **Health Evidence Review Commission** reviews clinical evidence to inform coverage policy decisions for the Oregon Health Plan (Medicaid) and other health plans. HERC contracts with the Center to conduct evidence reviews on a variety of health services. Center and HERC staff members present the findings from these evidence reviews to the governor-appointed HERC commissioners, who then vote to adopt specific coverage policies. The evidence reviews and the HERC coverage policy decisions are documented in the coverage guidances published at www.oregon.gov/oha/hpa/dsi-herc/Pages/index.aspx.

In 2018, the Center assisted HERC with these topics:

- **Low Back Pain: Minimally Invasive and Non-Corticosteroid Percutaneous Interventions**
- **Gene Expression Profile Testing for Breast Cancer**
- **Gene Expression Profiling for Prostate Cancer**
- **Prostatic Urethral Lift for Treatment of Benign Prostatic Hypertrophy**
- **Urine Drug Testing**
- **Single Fraction Radiotherapy for Palliation of Bone Metastases**
- **FDA-approved Next-Generation Sequencing Tests for Tumors of Diverse Histology**
- **CardioMEMS for Heart Failure Monitoring**
- **Newer Interventional Procedures for GERD**

- **Temporary Percutaneous Mechanical Circulatory Support with Impella Devices**
- **Newer Interventions for Osteoarthritis of the Knee**
- **Temporary Percutaneous Mechanical Circulatory Support**

Washington Health Technology Assessment Program (WA HTA)

To inform coverage policy decisions, the Center completes evidence reports for the **Washington Health Technology Assessment**. Center staff present the findings from the evidence reviews to the Health Technology Clinical Committee (HTCC), which then votes on a coverage determination. HTCC coverage determinations are binding over state-purchased health care programs including Medicaid, Uniform Medical Plan, and the Department of Labor and Industries. The evidence reviews, along with the HTCC findings and decision, are published at: www.hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews.

In 2018, the Center assisted WA HTA with these topics:

- **Pharmacogenetic Testing for Patients Being Treated with Oral Anticoagulants**
- **Peripheral Nerve Ablation for the Treatment of Limb Pain**
- **Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy: An Evidence Update**

Technical Assistance

Colorado Multi-Payer Collaborative (CO MPC)

The **Colorado Multi-Payer Collaborative** is a voluntary collaborative of commercial and public health plans focused on transforming care and reforming payment in Colorado. The CO MPC currently includes nearly all payer organizations operating in Colorado, including Centers for Medicare & Medicaid Services (CMS) and the Colorado State Innovation Model (SIM) Office. The effort brings traditionally competing organizations together to share resources, align quality measures, and focus support on transformation to help primary care practices pursue increased quality of care, control costs and encourage appropriate utilization.

The Center acts as convener and facilitator for the CO MPC. Highlights from 2018 include:

- **Members actively worked to align quality measures for adult primary care.**
- **The MPC participated in three multi-stakeholder symposia with practices over the course of the year.**
- **In partnership with the Colorado SIM Office, the MPC continued to support the use of the Stratus data aggregation and analysis tool for as many as 200 practices participating in CPC+ and SIM, where plans provided quarterly claims data of participating practices to refresh the pool of available aggregated data, representing nearly 600,000 lives.**
- **The MPC joined with Colorado Health Information Exchanges to pilot the incorporation of clinical data into the Stratus claims aggregator tool.**

Throughout 2019 and beyond, MPC members are committed to making a collective impact on the health care landscape in Colorado through their continued work together.

Healthier Washington/ Washington ACH

Last year, the Center partnered with Manatt Health to support the rollout of Washington's five-year Delivery System Reform Incentive Payment Program (DSRIP), by serving as regional coordinators for each of the state's nine **Accountable Communities of Health (ACHs)**. At the scheduled conclusion of that effort, more than half of ACHs asked the Center to provide ongoing support.

The Center's portfolio of work has expanded and diversified to meet the ACHs' rapidly evolving needs by helping them with stakeholder engagement; financial modeling; governance design and board relations; process improvement; strategic planning; project design; RFP writing; application review; and the important work of planning for long-term sustainability. In addition, the Center has facilitated greater efficiency and productivity by coordinating efforts and sharing best practices across the regions.

Technical Assistance

Louisiana Medicaid Technical Assistance

The Center is working with the Louisiana Department of Health to update its process for determining Medicaid coverage of medical, behavioral health and dental services. The project includes work over three phases:

- **Phase I** – Collecting data on how neighboring states make coverage decisions, and gathering feedback from stakeholders.
- **Phase II** – Developing an updated framework and process for coverage decision making, and creating tools to support the updated framework. This phase will also include continued engagement with stakeholders around the updated framework and process.
- **Phase III** – Rolling out the updated framework and coverage decision making process, including stakeholder outreach, staff training and communication strategies.

and toward maintaining an ongoing multi-payer public/private partnership continually focused on improving health care payment and delivery in Montana.

MT MPC members are committed to enhancing a competitive health marketplace, aligned with Medicaid and other public payers, that rewards and incentivizes:

- **Patient-centered adult primary care;**
- **Accelerated integration of physical care with behavioral health care; and**
- **Patient-centered pediatric primary care.**

Through its relationship with the Montana Healthcare Foundation, the MT MPC contracted the Center in May 2018 to provide facilitation and project management services.

Montana Multi-Payer Collaborative (MT MPC)

The **Montana Multi-Payer Collaborative** is a working collaborative of public and private payer organizations focused on transforming care and reforming payment in Montana, pursued in cooperation with the Montana Healthcare Foundation and the Montana Governor's Office. Though this group initially came together as part of Montana payers' participation in the Comprehensive Primary Care Plus (CPC+) initiative, MT MPC members see this as an opportunity to implement a vision that extends beyond the federal initiative

Technical Assistance

Texas Health and Human Services Technical Assistance

The Center is working with Texas Medicaid on an ongoing basis to identify and develop training opportunities for Texas clinical policy and program staff. In 2018, the Center conducted webinar trainings on Clinical Policy, Medical Benefits Policy, Medical Benefits Support, Vendor Drugs, Prescription Drug List, Texas HealthSteps, and Fiscal Analysis.

The trainings focused on evaluating the methodological quality of individual studies, systematic reviews and clinical practice guidelines; understanding the role of conflict of interest in evidence findings and guideline recommendations; determining the overall strength of an evidence body for an outcome; applying strength of evidence rating to decision making; and considerations for applying evidence evaluations to fiscal analysis.

In addition to the trainings, Center staff developed Texas HHSC-specific tools to aid in the process of determining study designs; methodological assessment of individual studies, systematic reviews, and guidelines; ascertaining the strength of an evidence body for an outcome; determining key outcomes for a topic; and outlining fiscal considerations of a policy development or change. The Center also conducts research on an ad-hoc basis for Texas HHSC staff.

Upcoming Work

Opioid Library

In partnership with the National Governors' Association and the Milbank Memorial Fund, the Center has received grant funding from the Special Committee of National Association of Attorneys General's Consumer and Prescriber Education Grant Program to develop a curated library of resources on opioid-related issues. The Center has been tasked with creating an accessible, consumer-friendly library of high-quality, evidence-based resources on opioid issues for use by three target audiences on the frontlines of combating the opioid crisis:

- **State and local policymakers and non-profit community organizations working in public health and addition-related issues**
- **Health system and third-party payer executives and medical providers**
- **Consumers of opioids and their caregivers**

Center staff will be responsible for designing, building and maintaining the online library, and will also curate and prepare library content. A Library Advisory Committee will be formed to assist the Center with disseminating and reviewing potential website resources and materials for financial or professional conflicts of interest. The library is expected to debut in Spring 2019.

Oregon Child Integrated Dataset

Since 2009, the Center has been working with Oregon state officials and philanthropic leaders to improve outcomes for the state's children. Over time, the effort focused increasingly on using administrative data to understand children's and families' longitudinal paths

through publicly funded systems, with the ultimate goal of preventing avoidable harm by addressing critical risk factors early in life.

The Center is now working to develop a comprehensive longitudinal dataset to conduct expansive research and provide policymakers with new comprehensive analysis. The Oregon Child Integrated Dataset will become a rich resource that combines multiple data sets from across four state agencies (and does not include identifiable protected information). Funded by a broad coalition of philanthropic organizations and guided by a governing committee, the Center and its research partners (ECONorthwest and the OHSU Center for Health Systems Effectiveness) will conduct data analyses and produce reports that help policymakers, agency leaders and philanthropies better understand and address the needs of Oregon children and families.

Philanthropic Investors

Oregon Community Foundation

Ford Family Foundation

Kelley Family Foundation

Healthshare

United Way of the Columbia-Willamette

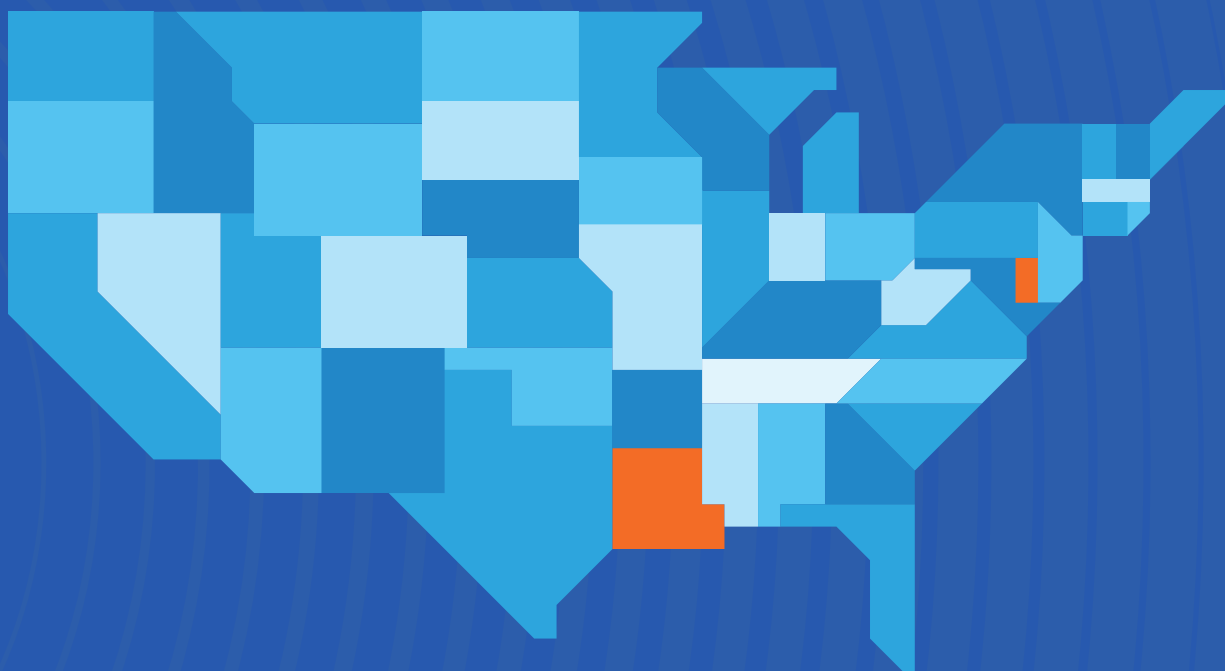
Byron and Cynthia Grant

Miller Foundation

Kaiser Permanente

Upcoming Work

New States Preview



Delaware DERP

“Being part of DERP enables us to have firm reasoning for the policy decisions we make, stay current on clinically relevant topics, and get a head start on addressing coming challenges.”

Delaware MED

“Joining MED gives us the capacity to create policies that match the latest evidence, create a more evidence-based culture, and complete a higher volume of projects.”

Louisiana Technical Assistance

“Through the technical assistance work with the Center, we will be able to implement an updated coverage determinations process that is evidence-based, consistent and transparent — meeting the needs of our department and our stakeholders.”

Milbank Memorial Fund

The Center for Evidence-based Policy is a key strategic partner in our mission to improve population health by connecting leaders and decision makers with the best evidence and experience.

The Milbank Memorial Fund works extensively with state health policy leaders to explore issues where the evidence is strong but population health practice is weak. The Center's membership groups for the Medicaid Evidence-based Decisions Project (MED) and the Drug Effectiveness Review Project (DERP) provide high-quality, timely and cost effective analyses to implement and oversee the public policies developed by the officials in our networks. Similarly, the Center provides high quality training and technical assistance with individual states to develop implementation processes to use evidence in health policy decisions and programs. In particular, the Center's primary care transformation, behavioral health integration and accountable health communities is closely coordinated with the agenda we have developed with our state leaders.

When states engage the Center to help improve the health of their population, the result is an array of high-value leadership, analytic and facilitation resources from skilled, coordinated and committed partners.

— **Chris Koller**, President, Milbank Memorial Fund



Our Team



Aasta Thielke



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Adam Obley



Allison Leof



Andrea Bennett



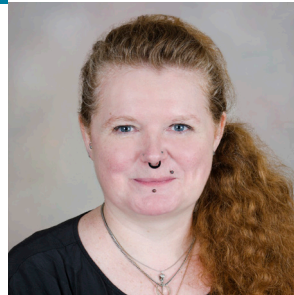
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Craig Mosbaek



Daniel Vizzini



Debbie Dion



Duke Shepard



Heather Katcher



Erin Sanborn



Galen Gamble

Our Team



Landon
Donsbach



Moira Ray



Mandi Mizuta



Pam Curtis



Rhonda
Anderson



Scott Harvey



Valerie King



“There are many sources for basic drug comparisons, but when we look at the more complex therapies facing us today we need the best available and highest quality evidence. That is why Idaho’s Pharmacy and Therapeutics Committee uses the DERP reviews for those decisions that matter most.”

- Tami Eide, Pharm.D., BCPS

Medicaid Pharmacy Program Manager,
Idaho Department of Health and Welfare



Make Better Policy

To join one of our evidence collaboratives, initiate a custom policy project or find out how else we support effective policy design, get in touch with the Center today.

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