



2021 Annual Report

The Science of Good Policy

The Center for Evidence-based Policy provides objective, rigorously analyzed information to help state, federal, and local policymakers shape better decisions

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Contents

1 A Message from the Director

2 States We Partnered With

3 Evidence

Drug Effectiveness Review Project (DERP)

Medicaid Evidence-based Decisions (MED) Project

Washington Health Technology Assessment Program (WA HTA)

Oregon Health Evidence Review Commission (HERC)

6 Collaboration

Colorado Multi-Payer Collaborative

Supporting Health Transformation in Washington State

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

9 Systems Design and Implementation

State of Pennsylvania Health Transformation Strategies

10 Support for Evidence Dissemination

Evidence-informed Health Policy (EiHP) Workshops

Curated Library About Opioid Use for Decision-makers (CLOUD)

Oregon Child Integrated Dataset (OCID)

Systematically Testing the Evidence on Marijuana (STEM)

American College of Physicians (ACP)

14 New Projects and Coming in 2022

Eliminating Low Value in Services (ELVIS)

Washington Drug Legislation Project (WADL)

Support for Community Health Access and Rural Transformation (CHART) Model in Washington State

16 Diversity and Inclusion

17 COVID-19 Response

18 Staff

19 FY 2021 Reports Produced*

A Message from the Director

2021 brought continued challenges and unexpected changes for many of the states we serve. Most states remained considerably focused on COVID-19 response, and some used the ongoing pandemic as the impetus to take the next step in addressing long-standing disparities. State Medicaid agencies worked to strengthen their provider networks and delivery systems through telehealth and other innovations, and reformed and aligned payment approaches to match.

Addressing the growth in prescription drug spending remained an ongoing priority for state Medicaid agencies this year, and many initiated at least 1 program to contain costs while continuing to provide robust benefit. All states grappled with significant budgetary and economic impacts, driven at least in part by the pandemic, and coupled with an increase in Medicaid enrollment. In short: change was near-constant in 2021.

At the Center for Evidence-based Policy (Center), we doubled down on our ability to adapt to the rapidly changing circumstances facing our state clients. Built on our historical

foundation of bringing the best-available evidence to health policy, we expanded and sharpened our ability to support states with:

- Evidence generation and synthesis, in both collaborative and individual venues;
- Custom-designed systems, processes, and protocols to apply evidence to state-level decision making;
- Collaborative discourse among states, and their partners and stakeholders, to ensure evidence is used as effectively as possible; and
- Creation of forums for accessing the best-available evidence and data, and educating a range of consumers about its use.

In this annual report, you can read about specific examples of these efforts, led by the capable and nimble staff of the Center.

Looking ahead, state agencies will continue to face uncertainty about the future. Growth in Medicaid is likely to continue, with additional complex, high-need populations emerging. State Medicaid agencies will need to implement new approaches focusing on social indicators



of health and addressing disparities. There will be a need to address the systems and collaborations necessary for care delivery: modifications in managed care, health system improvements, innovations in care delivery and payment, and operational oversight changes.

The challenges will continue in 2022. The Center for Evidence-based Policy will continue to be there, nimble and ready to serve, with evidence as our foundation.

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

Pam Curtis



— 2 —



Evidence

Drug Effectiveness Review Project (DERP)

The Drug Effectiveness Review Project (DERP) is a trailblazing collaborative of state Medicaid and public pharmacy programs that produces concise, comparative, evidence-based research products to assist policymakers and other decision makers grappling 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 with the potential to change clinical practice. DERP reports evaluate the efficacy, effectiveness, and safety of pharmaceuticals to ultimately help improve patient safety and quality of

care, while helping government programs contain costs for innovative and high-priced new therapies.

2021 marked another difficult year of transitions within state Medicaid agencies as they continued to develop policies and drug coverage decisions during the COVID-19 pandemic. DERP was integral to these processes, as was their High-Cost Drugs Pipeline report and presentation, which provided to states critical information on agents in the drug pipeline that may greatly impact their program budgets upon release in the drug marketplace. Additional specialized reports about new and costly therapies for

the treatment of hemophilia, spinal muscular atrophy, and immune modulation helped state Medicaid agencies design coverage policies that maintain access, while also preparing state budgets to maximize limited resources.

DERP held 2 virtual conferences in 2021; both included presentations, direct conversations, and updates from the pharmacy staff at the Centers for Medicare & Medicaid Services (CMS), which allowed state Medicaid agencies an important opportunity for face time and interaction with federal leaders. As DERP moves towards its twentieth year of collaboration with the launch of DERP VII, state participants have selected a high-impact, targeted work plan that includes more work in the areas of gene therapies, spinal muscular atrophy, management strategies for hemophilia treatment, therapies to treat Duchenne muscular dystrophy, and an ongoing look at the ever-evolving high-cost drug pipeline.

“The DERP Collaborative provides MO HealthNet with excellent, and timely, in depth research to guide evidence based clinical policy. Along with insight into the pipeline, DERP helps ensure MO HealthNet makes policy that data supports.”

*Josh Moore,
PharmD, Director of Pharmacy,
MO HealthNet Division*



Evidence

Medicaid Evidence-based Decisions (MED) Project

The Medicaid Evidence-based Decisions Project (MED) is a collaboration of state Medicaid agencies that helps give state policymakers the resources needed to make the best evidence-based decisions for improving health outcomes for their Medicaid beneficiaries. MED reports provide valuable evidence about effective treatments, information about harmful or unnecessary services, and details on coverage and policies from state Medicaid agencies across the country. MED participants convene regularly on bimonthly webinars, quarterly workgroups, and conferences to discuss shared issues, and have access to a wide-ranging collection of MED policy and evidence resources.

In 2021, MED member states continued to adjust and react to the needs of their Medicaid populations during the COVID-19 public health emergency. The Center completed 18 research reports for the MED project across a range of topics. In particular, state policymakers in MED-member states prioritized research on:

- Maternal care, including maternity billing models, the use of doulas and community health workers to improve health outcomes and reduce care disparities, and the design and impact of postpartum Medicaid coverage
- Telehealth, including the quality and efficacy of synchronous and audio-only telehealth, and the effectiveness of telehealth for substance use disorder treatment
- COVID-19 related topics, such as addressing COVID-19 health disparities and increasing child immunizations in response to the pandemic

In addition, the MED collaborative hosted 2 virtual conferences focused on innovations in Medicaid delivery systems and payment and how Medicaid agencies have partnered with community-based organizations to improve health outcomes. MED participants also convened for quarterly workgroups focused on pressing issues (including behavioral health, telehealth, substance use disorders, genetic testing, and durable medical equipment).

“The Center finds the ‘sweet spot’ by producing high quality work that is timely while remaining methodologically rigorous for our needs.”

***Ellie Garret, JD
Health Services Policy Analyst,
Minnesota Department
of Human Services***

Center staff began work on a MED equity policy library, which will feature resources for state policymakers on a range of critical areas, including data collection, managed care contracting, and provider education. Center staff also initiated a guidelines surveillance project, which will be produced monthly and include a scan of new clinical guidelines for a set of clinical conditions, such as COVID-19, codes and quality measures, and obstetrics and gynecology.



Evidence

Washington Health Technology Assessment Program (WA HTA)

The Washington Health Technology Assessment (HTA) program has been guiding coverage decisions in the state since 2007. Unique in the US, this is the only state HTA program whose decisions are binding across a broad array of state-purchased health care payers, from Medicaid to state employee plans. Over the program's duration, prudent coverage decisions have helped to lower state spending on ineffective and harmful treatments and tests (e.g., lumbar fusion, imaging for rhinosinusitis symptoms).

The Center produces detailed evidence reports on the efficacy, effectiveness, safety, and cost-effectiveness of treatments and tests, which are used by the independent Washington Health Technology Clinical Committee (HTCC) to determine coverage policies within the state.

In 2021, we conducted an HTA on the use of cardiac magnetic resonance angiography in adults and children, focused on 5 specific

populations (including adults with suspected coronary disease and children with congenital heart disease). Cardiac magnetic resonance angiography is a specific type of imaging used to assess the coronary vessels and major cardiac vessels, such as the proximal aorta. As part of the evidence review, we also conducted a diagnostic test accuracy meta-analysis to help inform the HTCC's deliberations.

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

Oregon Health Evidence Review Commission (HERC)

Created by statute in 2011, the Health Evidence Review Commission (HERC) is a governor-appointed panel of 13 members that reviews evidence and weighs public testimony to inform health care coverage decisions and priorities for the Oregon Health Authority.

The HERC's decisions are reflected in the Oregon Health Plan's Prioritized List of Health Services, which guides the coverage policies for Medicaid programs within Oregon. The Center for Evidence-based Policy conducts health technology assessments, as well as systematic and comparative clinical effectiveness reviews of health care interventions, to assist the HERC members and staff in developing evidence-based coverage guidance.

In 2021, the Center produced 2 evidence reports: 1 on high-frequency chest wall oscillation devices, commonly known as "chest vests"; and 1 on the treatments for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS). Both of these topics are being considered by the full HERC in 2022. Center team members also consult with state staff to support the work of and deliberations of the commission.



Collaboration

Colorado Multi-Payer Collaborative

The Colorado Multi-Payer Collaborative (MPC) was established in 2012 as a self-funded collaborative of payer organizations focused on transforming primary care and payment in Colorado. The MPC brought together traditionally competing private and public health care organizations to share and coordinate efforts, and align payment approaches to achieve increased quality, improved outcomes, and controlled costs in the Colorado health care market. Since its inception the Center has provided staffing, guidance, facilitation, and support to the MPC.

Starting in 2012, the MPC participated in the federal Comprehensive Primary Care initiative (CPCi), in CPC+ (a successor of CPCi), the Colorado State Innovation Model initiative (SIM), and other efforts to transform the quality, cost, and outcomes of primary care in the state. MPC members worked together to disseminate innovative and successful strategies focused on system accountability, improved health outcomes and experiences for patients and providers, and decreased total cost of care, by hosting regular “multi-stakeholder

symposia” of payers, primary care practices, and specialty care practices.

This year, the MPC completed 4 years of work and finalized a shared Framework for Integration of Whole Person Care as a transformation and measurement roadmap for primary care practices and payers as they seek to provide advanced levels of care and advanced payment models. The Framework establishes a shared understanding of the coordination of physical and behavioral health care and social supports to improve individual and population health. Working with primary and specialty care providers, along with other stakeholders, MPC members identified goals, measures, and metrics to measure transition to each of the core functions outlined by building blocks in the Framework.

The close of 2021 also brought the close of the Colorado MPC. Changes in the market, a shift in policy focus, and achievement of their original goals led members to conclude their work together. To acknowledge the MPC’s accomplishments, the Center has plans to publish the Framework, along with a compendia of lessons learned from

multi-payer efforts over the last 9 years. Most importantly, we celebrate the work of this remarkable and groundbreaking collaborative, and we are honored to have served as their convener and facilitator.

“The engagement of commercial and public payers through the Multi-Payer Collaborative in Colorado is highly valuable. This voluntary convening supported SIM practices with value-based payments and will remain Colorado’s primary forum for sustaining efforts related to payment reform moving forward.”

*Colorado State Innovation Model -
Final Report, July 31, 2019
(revised September 4, 2019)*



Collaboration

Supporting Health Transformation in Washington State

The Center has provided a range of technical assistance support to efforts by the Washington Health Care Authority (HCA) to improve the care provided through Washington's Medicaid program and Employee and Retirement Benefits (ERB) insurance program. The Center is currently working with the HCA to support the continual development and facilitation of the Washington Multi-payer Collaborative (MPC), consisting of privately and publicly funded health insurers, to align health care transformation efforts in the state. The first initiative of the collaborative is the development and implementation of Washington's Multi-payer Primary Care Transformation Model. The model seeks to create better health and better care for patients, smarter spending of public and private health care dollars, and improved clinical experience for providers.

Through 2021, Center staff have convened the MPC throughout the year and met with

primary care stakeholders to shape the developing primary care model. The HCA has released an initial overview of the main components of the model, and is now turning toward implementation in collaboration with Washington's payers and primary care community. In addition to convening the MPC and stakeholders, the Center supported this work by providing policy and analytic support to HCA leaders and staff as they consider implementation of the model for HCA's

"The Center for Evidence-based Policy team helped our Accountable Communities of Health by providing timely information and assistance as we prepared to undertake major work to transform the health of Washington State."

*Senator Linda Parlette,
Executive Director,
North Central Accountable
Community of Health*

Medicaid-covered and ERB-covered lives. The Center will be supporting the MPC and HCA in 2022 as planning continues in anticipation of implementing the model in January 2023.

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

States must navigate a complicated landscape of drug purchasing and reimbursement. To help states innovate, the State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs (SMART-D) initiative was launched in February 2016 by the Center, with financial support from Arnold Ventures. The initiative seeks to support state Medicaid agencies in the development of alternative payment models (APMs) for prescription drugs and pharmacy policy interventions.

From 2016 to 2018, SMART-D focused on helping states identify APMs for managing Medicaid prescription drug costs. These APM options were designed to improve access to evidence-based therapies, while helping



Collaboration

State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs (SMART-D) (cont.)

policyholders predict and manage prescription drug costs in a manner that connects price, payment, value, and health outcomes.

In 2019, SMART-D began a new phase of work on pharmacy policy interventions. This phase will run through September 2022 and provide research and technical assistance to states in 2 focus areas: multi-payer purchaser partnerships involving Medicaid and other public purchasers; and single and aligned preferred drug lists for Medicaid managed-care states.

With support from the SMART-D team, 2 states implemented multi-agency purchasing initiatives in 2021 for hepatitis C drugs: Michigan's [We Treat Hep C program](#) and Missouri's [Project Hep Cure](#). Another 3 states are currently engaged with the SMART-D technical assistance team and working a range of projects including: management strategies



for physician administered drugs; a risk corridor saving model to be used with a state's pharmacy benefit manager; and assessing a Medicaid program's options for a single preferred drug list.

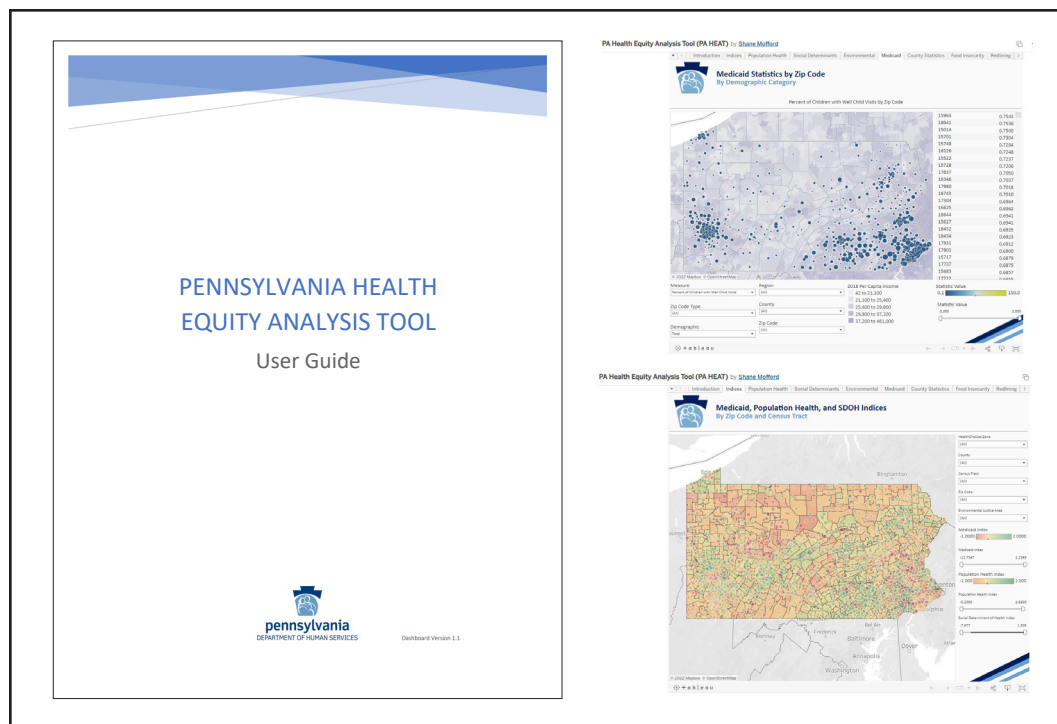


Systems Design and Implementation

State of Pennsylvania Health Transformation Strategies

In Spring 2020, the Center undertook a collaborative process with Pennsylvania agency staff and the state actuary, Mercer, to develop health reform recommendations and a savings analysis. The recommendations spanned 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. In Fall 2020, Governor Tom Wolf issued an [executive order](#) announcing the state's health care reform proposal, including 3 key recommendations 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 (through legislation) to measure the ongoing cost of care and health outcomes in the Commonwealth.

In 2021, the Center continued work with senior staff at Pennsylvania's Department of Human Services (DHS) to provide technical assistance as the state implemented these important



health care reforms. To better address social determinants of health, the state's Medicaid program announced requirements for managed care organization (MCOs) to contract with community-based organizations (CBOs), and DHS asked the Center to develop and administer a [series of 4 trainings](#) on the concepts of value-based purchasing (VBP) for an audience of CBOs. To assist with DHS's

efforts to roll-out Regional Accountable Health Councils (RAHCs), the Center team developed a transformation plan tool, helped assess RAHC governance options, and created the [PA Health Equity Analysis Tool \(PA HEAT\)](#). The PA HEAT dashboard is designed to illustrate a variation in a variety of health and social determinant of health indicators at the regional, county, zip code, and census tract levels.



Support for Evidence Dissemination

Evidence-informed Health Policy (EiHP) Workshops

Evidence-informed Health Policy (EiHP) Workshops help state officials and staff understand the use of evidence as a foundation for health policy decisions. Since 2009, the Center has led these tailored trainings to assist elected and appointed state officials and their staff to find, evaluate, and use research to inform health policy. Each training is customized to the issues and policy challenges relevant in the state. Center and state staff work together to identify pressing policy issues, and the Center creates a training to address the identified areas.

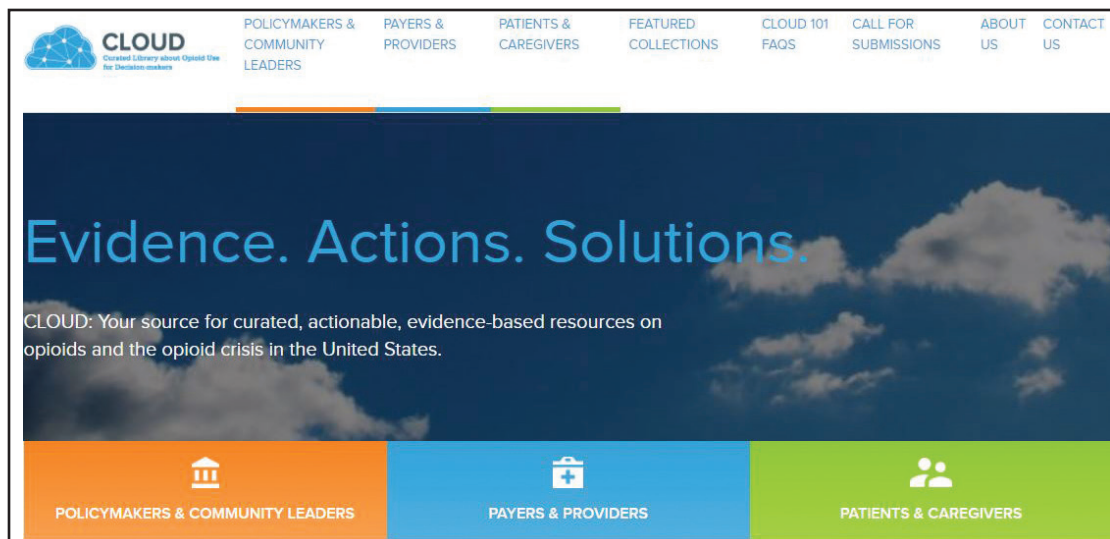
Prior workshop content has focused on issues specific to legislators, Medicaid and other health agency officials, program staff, or community partners. Workshops have ranged from 1 hour to 2 days in length and could also be conducted longitudinally. There is no cost for states participating in the Center's flagship collaboratives, DERP (Drug Effectiveness Review Project) and MED (Medicaid Evidence-based Decisions Project), and the fee for other states is nominal.

Curated Library About Opioid Use for Decision-makers (CLOUD)

The Curated Library about Opioid Use for Decision-makers (CLOUD) project is an online, curated library of actionable materials for policymakers and community leaders, payers and providers, and patients and caregivers about opioids and the US addiction crisis. CLOUD's mission is to provide decision makers with high-quality, evidence-based, and actionable research that can help them design and implement effective programs

that produce desired outcomes. With states, counties, and local communities expected to receive significant funds to spend on opioid-related programs from the settlement of opioid lawsuits, CLOUD is positioned to help decision makers make the most of these investments into their communities.

In 2021, CLOUD continued to grow its user base, add materials, curate featured collections, and build relationships with policymakers, researchers, and other individuals and groups working to solve the opioid and addiction crises





Support for Evidence Dissemination

Curated Library About Opioid Use for Decision-makers (CLOUD) (cont.)

in America. CLOUD staff held meetings with officials from the National Institutes on Drug Abuse, presented on a National Governor's Association Opioid Abatement call, and has been listed as a [resource](#) by the Johns Hopkins Bloomberg School of Public Health as part of their [project](#) defining principles for the use of funds opioid litigation.

Oregon Child Integrated Dataset (OCID)

The Oregon Child Integrated Dataset (OCID) is a nonpartisan, data-driven project to support policymakers and community leaders with evidence-based information analyses to improve outcomes for children and families in Oregon. OCID links agency and program information for children born in Oregon and their birth parents. This information is connected with birth records to show the trajectory of children's well-being from birth and throughout their development. OCID is unique to Oregon. Created in 2019,

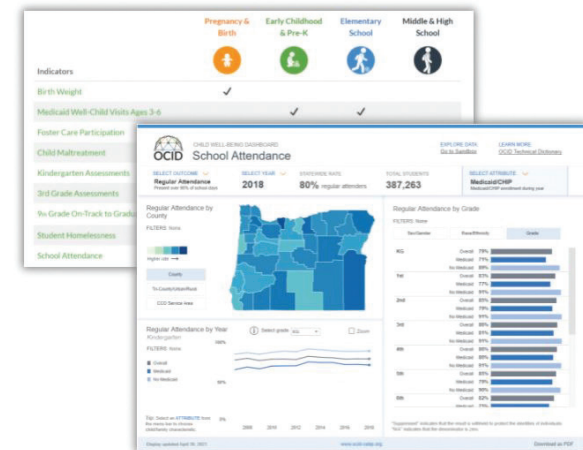
Explore the OCID Child Well-being Dashboard

Investigate a selection of health, educational, and social service indicators on child well-being using geographic, demographic and cross-program attributes. The OCID Child Well-being Dashboard allows you to explore interactions, investigate trends, and formulate key questions for research.

OCID's indicators of child well-being span from pregnancy and birth through high school. More indicators are added to the Dashboard throughout the year.

Visit the [Child Well-being Dashboard](#) to learn more and explore the data!

[Continue to Dashboard](#)



no other state is known to have such a robust, comprehensive, integrated dataset, representing approximately three-quarters of the state's children.

The Center spent the 2019–2021 biennium building the OCID and producing initial products demonstrating its potential value to Oregon policymakers and decision makers, including building a publicly available website and a Child Well-being Dashboard. Center staff also conducted initial analyses around 2 policy topics: Students Enrolled in Oregon's

Public Alternative Education Schools, and Childhood Program Participation and Early Educational Outcomes. This work led to continued state funding for the project through July 2023. With this support, the Center will produce a series of actionable briefs and online interactive visualizations using OCID's longitudinal, cross-program data to provide insight into policymaking opportunities to improve academic success among students in Oregon.



Support for Evidence Dissemination

Systematically Testing the Evidence on Marijuana (STEM)

In 2020, the Center initiated a collaboration with the US Department of Veterans Affairs (VA) to launch the Systematically Testing the Evidence on Marijuana (STEM) project. 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 unbiased 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.

In 2021, the Center and the VA assembled a 25+ member technical expert panel to advise on the development of research products and information to be disseminated through a publicly available website. In the same year, the research team developed multiple clinician briefs (1 to 2-page documents) and systematic reviews, an advanced search strategy and filtering system to process relevant and valuable information on ongoing studies involving cannabis, an interactive policy map developed in Tableau, and many other features. All of these documents and tools have been built within a newly developed website (cannabisevidence.org). In 2022 the team will continue to create new resources and update existing ones to benefit clinicians as they have important conversations with their patients about cannabis, and to benefit researchers who attempt to understand the efficacy and safety of cannabis for various health conditions.





Support for Evidence Dissemination

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). These reviews are each focused on interventions for a specific health condition. Through this collaboration, our high-quality and rigorous systematic reviews 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 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 enables the ACP Clinical Guidelines Committee to tailor their recommendations and better support vulnerable populations.

In 2021, researchers from the Center and the VA successfully drafted and presented to ACP's clinical guideline committee a systematic review and network meta-analysis on pharmaceuticals to treat low bone density and osteoporosis in women and men. The researchers are now developing a manuscript based on this systematic review and network meta-analysis, to be published in the *Annals of Internal Medicine*. After publication, the team will maintain this review as a “living” research product and update it with new important studies. This innovative approach will be the first time the ACP has taken on a guideline connected to a living review. The Center has played a critical role in the development of this “living review” process.



New Projects and Coming in 2022

Eliminating Low Value in Services (ELVIS)

The Eliminating Low Value in Services (ELVIS) project focuses on systems-level levers across state purchasing arms (e.g., Medicaid, public employees, corrections and other agencies) to develop payment approaches designed to disincentivize low-value services, and to accelerate state efforts to increase value in their health systems. With grant funding from Arnold Ventures, the Center and 6 states are undertaking a 9-month collaborative planning process to design payment approaches that address low-value care. Understanding that payment approaches and clinical focus areas need to be customized to each state, ELVIS will first explore a range of options with states, and later provide implementation assistance.

During the planning phase (October 2021 to June 2022), the Center's ELVIS team and participant states will:

- Establish a common definition of low-value services
- Summarize evidence in 2-3 clinical areas ripe for possible payment interventions



- Design payment-related approaches to disincentivize low-value services through use of advanced value-based purchasing levers (e.g., capitation, bundled payments, cost growth targets, global payments)
- Assess each state's capacity to improve value by using metrics identified in the evidence review and state population health data
- Develop an implementation and technical assistance approach for each state.

At the end of the planning phase, states will either identify at least 1 purchasing approach to implement, or indicate they do not wish

to move forward to implementation. The Center anticipates submitting a phase 2 implementation proposal to Arnold Ventures in 2022 for providing technical assistance to the subset of states identifying as “ready to move forward.”

Washington Drug Legislation Project (WADL)

During its regular 2021 session, the 67th Washington State Legislature passed 2 bills regarding the production or purchasing, distribution, and access of pharmaceuticals. The Washington Health Care Authority (HCA) has retained the Center for Evidence-based Policy (Center) at Oregon Health & Science University to conduct research in support of its efforts to fulfill both legislative directives. Senate Bill 5195 directs HCA to establish a bulk purchasing and distribution program for naloxone, an “opioid overdose reversal medication” (SSB 5195.SL) and Senate Bill 5203 directs HCA to establish partnerships to produce, distribute, or purchase insulin and generic prescription drugs (ESSB 5203.SL).

New Projects and Coming in 2022 (cont.)

Washington Drug Legislation Project (WADL) (cont.)

To assist HCA, the Center will undertake 4 key tasks by June 2021. First, the Center will coordinate a stakeholder engagement process to secure input from government agencies, health plans, pharmacies, hospitals and others regarding the barriers to and opportunities for new purchasing and distribution approaches for insulin and naloxone. The second task will involve research into the market forces and levers that impact price, purchasing options, and related problems. Third, the Center will work with HCA and leverage its research to identify potential approaches and options to meet the intent of the legislation. Last, the project will culminate with development of a report for HCA that includes a summary of market forces impacting price, purchasing options and opportunities, options to meet intent of legislation (5203 and 5195), stakeholder preferences and support for options, and opportunities for alignment with other HCA efforts.

Support for Community Health Access and Rural Transformation (CHART) Model in Washington State

Through the Community Health Access and Rural Transformation (CHART) Model, CMS is providing funding to transform care in rural communities. In the fall of 2021, CMS awarded funding to 4 organizations under the CHART Community Transformation Track in Alabama, South Dakota, Texas, and Washington State. As the lead entity for CHART in Washington, HCA is working closely with key partners, such as critical access hospitals, to design and implement a health care strategy for the north central region of Washington.

As part of this work, HCA, along with the North Central Accountable Community of Health, will convene an advisory council representing the community perspective and providing feedback on the community transformation plan and CHART hospital recruitment. To support this

work, the Center will conduct interviews with all advisory council members prior to their first meeting in February 2022; at this meeting we will provide a summary of the findings from these interviews regarding the key themes and priorities identified for the region. After this first meeting, the Center will support HCA in the planning and facilitation of all advisory council meetings in the planning year 2022.

Diversity and Inclusion

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.

The Center has continued working toward one of its core goals, fostering an inclusive and diverse work environment. As the country continues to grapple with race and equity, the Center has made strides through engagement, mentorship, and development of processes that impact our organization and the work we do. The Center is committed to being 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. Building on the accomplishments achieved in this space in 2020, we have done the following:

- Updated all job descriptions and job postings to include bias-free language, hoping to recruit and maintain a diverse workforce.
- Made concerted efforts to cast wide nets for recruitment by identifying and

engaging with diverse organizations for posting of job opportunities outside of normal posting channels.

- Using collaboration and a team approach, designed and executed Lunch & Learn seminars focused on 3 domains of racism: Interpersonal, Cultural, and Structural. Three Center staff volunteered to lead by serving as diversity and inclusion stewards, 1 for each domain. The stewards then guided development and execution of programming during a Lunch & Learn seminar in Fall 2021. The goals for this initiative were to engage all staff at the Center, deepen the collective understanding of each domain, and provide resources for staff to use to develop ideas for future work in this space.

The Center is committed to this path of growth and development of diversity, inclusion, equity, and systemic change that values all people. We aspire to see lasting changes in each other, our work, our community, and in the world.

COVID-19 Response

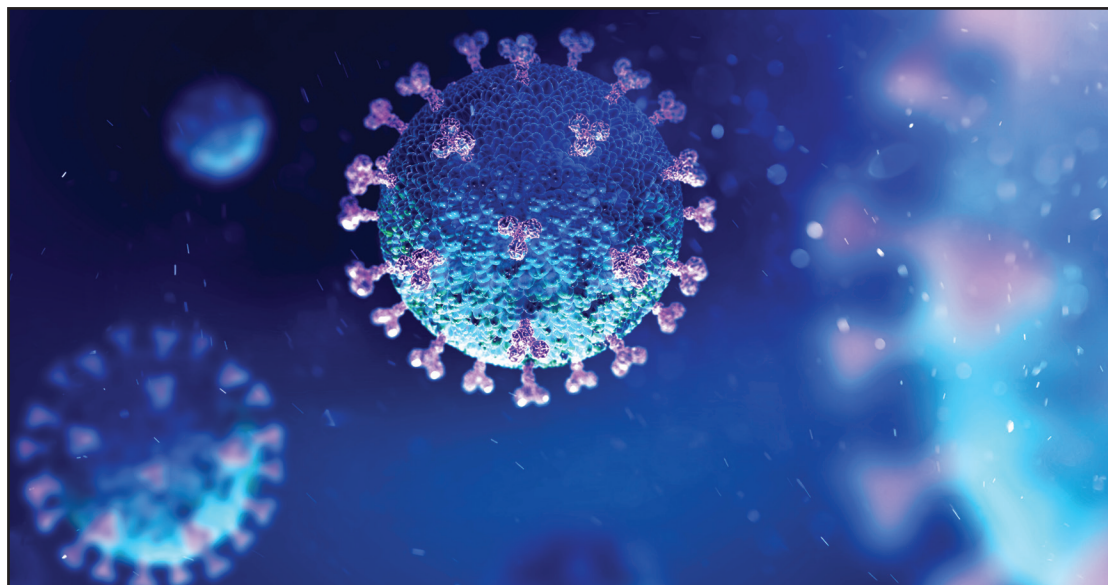
The DERP and MED collaboratives facilitated a call series throughout 2021 focused on immunizations, including COVID-19 immunizations. The audience for these calls included state policymakers, medical officers, health officials, and other Medicaid and Health Department staff.

These 5 sessions focused on a variety of topics, including:

- Session 1: Creating a culture of immunization in your state
- Session 2: Vaccine distribution
- Session 3: Strategies to address vaccine hesitancy
- Session 4: Innovations in vaccine delivery systems (e.g., pharmacists and dentists delivering vaccinations)
- Session 5: Improving immunization data

The MED collaborative also completed 3 reports on COVID-19 topics during 2021:

- *Addressing COVID-19 Health Disparities: Opportunities for Medicaid Programs*



- *Increasing Childhood Immunizations in Response to the COVID-19 Pandemic*
- *Telebehavioral Health in Response to the COVID-19 Pandemic: What Worked, What Didn't Work, and How Can This Shape Future Policy?*

The May 2021 Behavioral Health Workgroup call included a “deep dive” into the telebehavioral health report noted in the previous column; that

report in turn became the Behavioral Health Workgroup tool for 2021.

In September 2021, the E-health Workgroup call included a presentation on state regulators and the future of telehealth policy entitled “Medicaid Telehealth Policy Update,” with a discussion on post-public health emergency telehealth.

Staff

Rhonda Anderson, Pharmacy Director/DERP

Shawna Chapman, Research Associate

Beth Church, Program Administrator

Pam Curtis, Director

Hayley De Carolis, Research Associate

Amanda Delzer Hill, Editor

Virgil Dickson, Policy Analyst

Debbie Dion, Program Administrator

Landon Donsbach, Office Manager

Shauna Durbin, Research Associate

Allyson Evans, Policy Analyst

Galen Gamble, Project Coordinator

Jonah Geddes, Senior Statistician

Martha Gerrity, Clinical Epidemiologist

Bethany Godlewski, Research Associate

Curtis Harrod, Research Director

Scott Harvey, Department Administrator

Roz Kelly, Research Associate

Valerie King, Research Director

Jacqui Krawetz, Graphic Artist/Editor

Brittany Lazur, Policy Analyst

Allison Leof, Policy Analyst

Dylan Miksicek, Research Associate

Mandi Mizuta, Project Coordinator

Adam Obley, Clinical Epidemiologist

Moira Ray, Clinical Epidemiologist

Morgan Reeder, Data Visualization Analyst

Shannon Robalino, Research Associate

Logan Ruppel, Policy Analyst

Megan Rushkin, Research Associate

Erin Sanborn, Project Coordinator

Beth Shaw, Senior Systematic Reviewer

Erica Shaw, Research Coordinator

Lily Sobolik, Policy Analyst

Julie Stone, Policy Research Director

Aasta Thielke, Senior Research Associate

Nicole Thompson, Project Coordinator

Andrea Vintro, Research Associate

Dan Vizzini, Policy Analyst

Al Yang, Financial Analyst

Sneha Yeddala, Research Associate

Mike Bonetto, Consultant

Shane Mofford, Consultant

Gretchen Morley, Consultant

Susan Stuard, Consultant

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Newer Diabetes Drugs and Cardiovascular Disease Outcomes

Newer Second Generation Antidepressants

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FY 2021 Reports Produced* (cont.)

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Center for Evidence-based Policy
Oregon Health & Science University
3030 S Moody Ave., Suite 250
Portland, OR 97201
<http://centerforevidencebasedpolicy.org>