



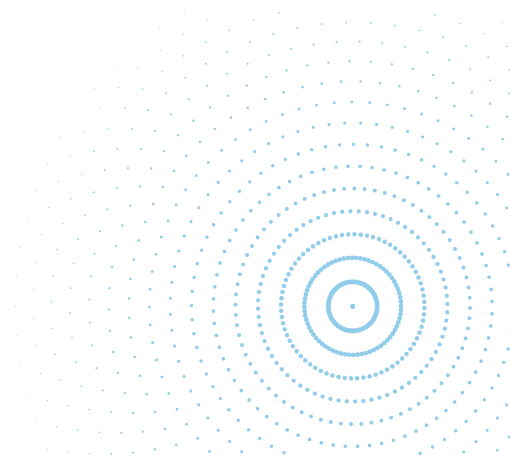
The Science of Good Policy



2022 Annual Report

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A Message From the Director

Since 2003, the Center for Evidence-based Policy (Center) has helped states advance health policy by:

- Producing research that summarizes the evidence on, and effectiveness of, interventions and policies;
- Creating materials, trainings, and techniques to increase the reach and understanding of evidence, and to facilitate its use in decision making; and
- Extending the rigors of research to support the real-world choices facing policymakers.

Our work touches more than half of the US states, and leverages the experience and expertise of a diverse array of leaders. This distinctive combination of evidence and experience results in unique expertise to help states manage policy-related risks, balance objectives, and transform their efforts into efficient, cost-effective, and high-quality policies and programs to serve the most vulnerable Americans. This report highlights some of these efforts in 2022 across the Center's key programs.

Our collaborative, nonpartisan approach helps create the context for responsible, effective policy development. At a time when it is more necessary than ever, the Center brings objectivity to complex issues, and helps states ground their policy decisions in high-quality evidence, for the good of all. In 2023 we celebrate 20 years of helping our state partners gain the clarity needed to make difficult decisions with confidence and prudence.

We look forward to working with you over the next 20 years!

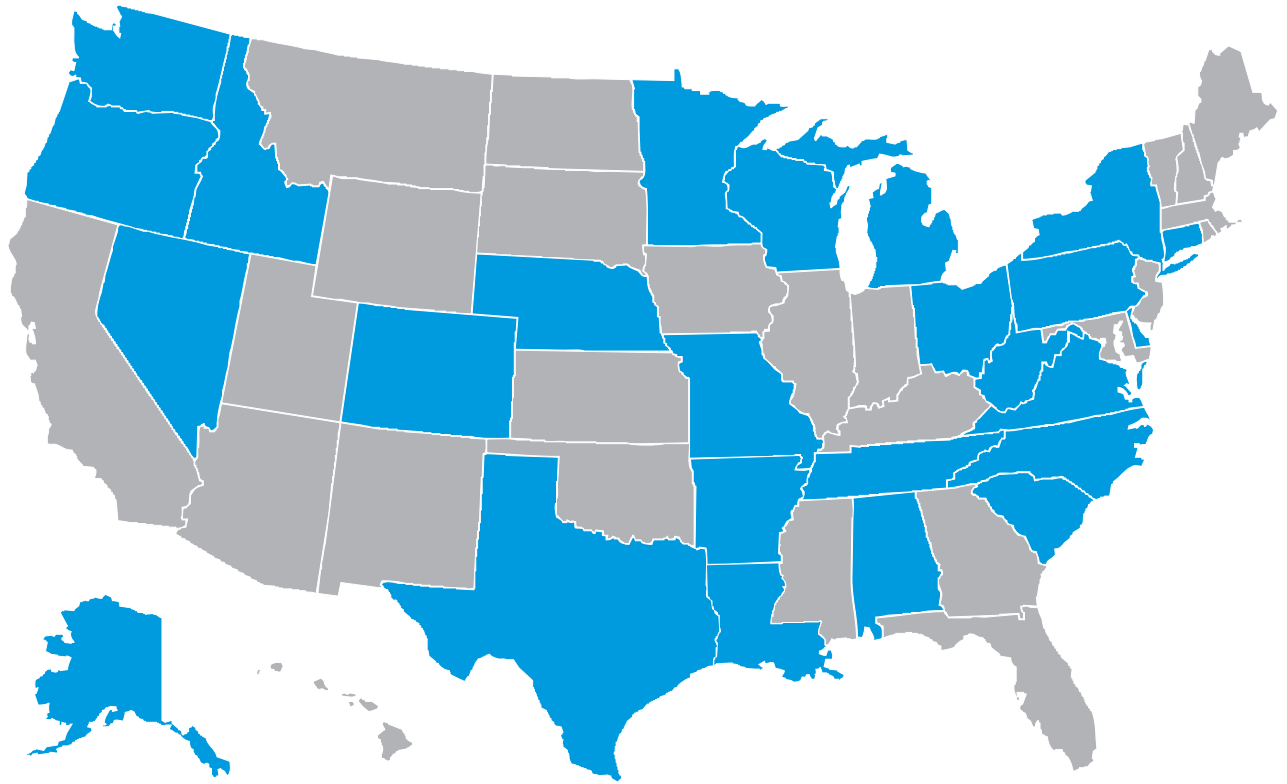


2022 Center highlights by the numbers:

26	states served
16	distinct programs
69	research reports for state health policy use
85	individuals provided with AMA or ACPE continuing education credits*
44	presentations on use of evidence in health policy
9.5	percentage of budget growth
46	staff members

*AMA: American Medical Association; ACPE: Accreditation Council for Pharmacy Education

Our 2022 State Partners



Alabama

Alaska

Arkansas

Colorado

Delaware

Idaho

Louisiana

Michigan

Minnesota

Missouri

Nebraska

Nevada

New York

North Carolina

Ohio

Oregon

Pennsylvania

South Carolina

Tennessee

Texas

Virginia

Washington State

West Virginia

Wisconsin

Evidence Highlights

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. The Center launched DERP in 2003.

In 2022 DERP launched its 20th year of collaboration, and spent the year focused on new and costly therapies, in addition to an updated look at some more conventional drug classes (targeted immune modulators, asthma medications). The approval rate for expensive gene therapies continues to grow, and state administrators find DERP integral to their processes for developing policies and drug coverage decisions for these emerging treatments. As a result, 2 reports this year focused on novel gene therapies: 1 on sickle cell disease and beta thalassemia, and 1 on hemophilia A and B.

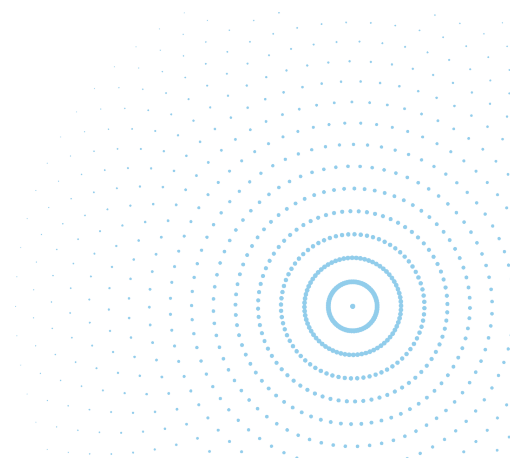
“Love the give and take, and everyone sharing innovations ... The CAR T-cell report was valuable and timely.”

Fall 2022 Conference Evaluation

Our annual High-Cost Drugs Pipeline report offered a mix of old and new, with a look at novel agents in established classes and also specialized therapies, both of which could potentially have a big impact on state Medicaid program budgets upon release into the marketplace.

DERP held 2 conferences in 2022. The spring 2022 Virtual Conference provided a deep dive into the Commonwealth Fund’s health equity scorecard, a tool developed to help policymakers understand health inequities and establish attainable benchmarks for reducing disparities. The in-person Fall 2022 Conference featured updates from Centers for Medicare & Medicaid Services (CMS) pharmacy staff, allowing state Medicaid agencies a critical opportunity for interaction with federal leaders. States also enjoyed interacting with each *other* during this 2-day event, through roundtable and peer-to-peer networking sessions.

Moving into 2023, DERP plans a forward-facing look at management strategies for new and conventional therapies.



Evidence Highlights

Medicaid Evidence-based Decisions (MED) Project

The Medicaid Evidence-based Decisions Project (MED) is a collaboration of state Medicaid agencies, giving state policymakers the resources they need to make the best evidence-based decisions for improving health outcomes. MED reports and other tools provide valuable evidence about effective treatments and information about harmful or unnecessary services. MED participants meet regularly to discuss shared issues and have access to a wide-ranging collection of policy tools and evidence resources.

MED, with the assistance and direction of an advisory council of 5 state Medicaid representatives, piloted a policy library focused on reducing health disparities and achieving health equity. This proprietary Health Equity Policy Library provides state policymakers with easy access to state and federal equity initiatives, policies, toolkits, and other resources for their journey to advance health equity. The curated library focuses on categories of particular importance to Medicaid staff

including beneficiary engagement, data collection and analysis, health-related social needs, managed care entities, and systems and capacity building. In May 2022, the collaborative approved the continuation of the pilot, and the library will continue to be updated on a quarterly basis through June 2023.

After 3 years of virtual conferences, the MED collaborative held a hybrid (in-person and virtual) conference in the fall of 2022 focused on the provision of children's behavioral health services in Medicaid. Research presentations by Center staff focused on strategies to provide behavioral health services for children in foster care, and ways to reduce the boarding of youth in emergency departments. Subject matter experts presented on how to build a community-based workforce of child behavioral specialists, as well as on performing systems-level needs assessments related to behavioral health services for children. The conference was attended by over 70 staff from 20 states representing Medicaid agencies, behavioral health agencies, and child welfare agencies. Conference attendees rated the conference 4.97 out of 5, and particularly appreciated the opportunities to network and problem solve with their colleagues from across the country.

“I appreciate MED so much for all that you do to help us get the information needed in making some tough decisions and ensuring these decisions are based on evidence-based information and criteria.”

*Dr. Melinda Rowe
Assistant Medical Director
Alabama Medicaid*

Evidence Highlights

Washington Health Technology Assessment (WA HTA) Program

The Washington Health Technology Assessment (HTA) program has been guiding coverage decisions in the state since 2007. It is unique as the only state HTA program in the US whose decisions are binding across a broad array of public health care payers, including Medicaid programs. The Center produces detailed evidence reports on the efficacy, effectiveness, safety, and cost-effectiveness of treatments and tests, which are used by the independent Health Technology Clinical Committee (HTCC) to determine coverage policies within the state.

Over the past 13 years, these coverage decisions have helped to lower state spending on ineffective and harmful treatments and tests (for example: lumbar fusion, imaging for rhinosinusitis symptoms). In 2022, we undertook a scoping report evaluating the evidence for stereotactic body radiation therapy; an update report has been commissioned from the Center for the 2023 work program.

The Center has also worked with the Washington 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.

Oregon Health Evidence Review Commission (HERC)

Created by statute in 2011, the Oregon Health Evidence Review Commission (HERC) is a governor-appointed panel of 13 members which reviews evidence and weighs public



testimony to inform health care coverage decisions and priorities for the Oregon Health Authority (OHA).

The Oregon 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. To assist HERC members and OHA staff in developing evidence-based coverage guidance, the Center conducts health technology assessments and systematic and comparative clinical effectiveness reviews of health care interventions. Center team members also consult with state staff to support the work and deliberations of the commission.

In 2022, the HERC passed coverage determinations for high-frequency chest wall oscillation devices, and treatments for both pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections, and pediatric acute-onset neuropsychiatric syndrome. The Center also began evidence reviews on bariatric surgery and continuous glucose monitor devices, as well as chronic disease management programs.

Collaboration Highlights

Colorado Multi-payer Collaborative

The Center authored a new resource focused on primary care and payment reform. [“The Colorado Multi-payer Collaborative: A Framework for Integration of Whole-Person Care”](#) is based on the work of the Colorado Multi-payer Collaborative (MPC), supported by the Center for over a decade.

The Framework was designed to serve as a shared expression by payers about the journey necessary to achieve advanced, integrated levels of primary care delivery and to specify a common set of measurable milestones that could be used by practices and payers alike, separate from any specific payment model or initiative. The resource is written as an issue brief, and offers a roadmap for primary care practices seeking to provide more advanced levels of care, including the integration of behavioral and social health, while also preparing them to receive more advanced models of payment.

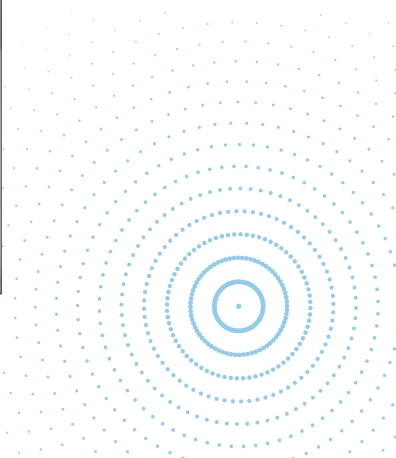
The Framework also provides guidance for payer organizations migrating toward advanced payment models that pay for value delivered through integrated, comprehensive, whole-person, population-based approaches. The Framework has implications for supporting care transformation, financing and advanced

payment methods, and public policy. It was published by the Milbank Memorial Fund, and can also be found on the Center’s website.

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

The Center launched the State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs (SMART-D) collaborative in 2016 to help states innovate in the areas of drug purchasing and reimbursement. Since that time, and with financial support from Arnold Ventures, the SMART-D team has engaged 9 states in technical assistance projects to help them navigate pharmacy cost issues and develop and implement policy solutions.

In 2023, the Center will commence another phase of the SMART-D project (Phase 4). Over 24 months, SMART-D will support another 4 to 6 state technical assistance projects and launch the Medicaid Review of Evidence and Cost Initiative (MERCİ). Through MERCİ the Center will analyze select new drugs approved through the US Food and Drug Administration (FDA) accelerated approval pathway, and create a series of policy briefs summarizing the clinical trial results for these drugs, and their estimated fiscal impact on state Medicaid programs.

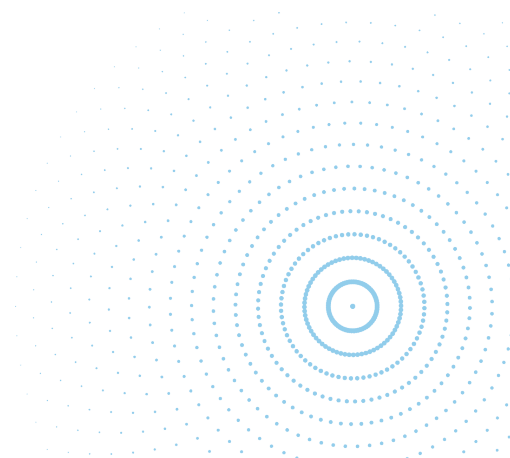
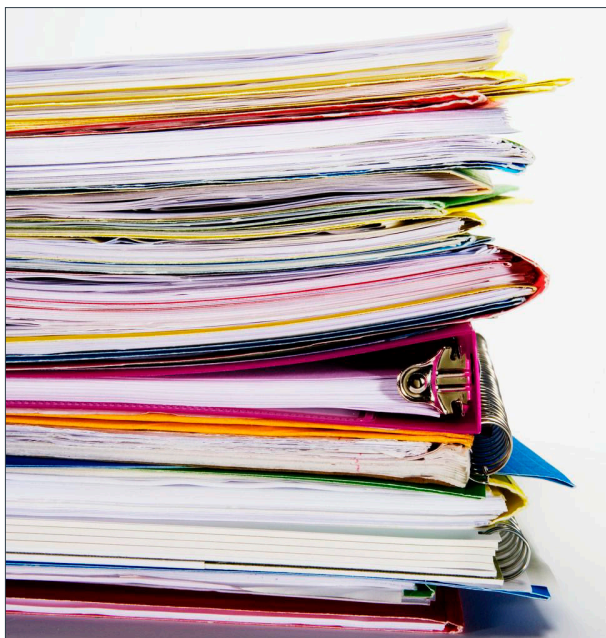


Evidence Dissemination and Support Highlights

Evidence-informed Health Policy (EiHP) Workshops

In the spring of 2022, Center staff facilitated a 1.5 day in-person Evidence-informed Health Policy (EiHP) workshop for over 90 San Diego County staff. Attendees included members of the Board of Supervisors, Health & Human Services, Finance and General Government Group, Land Use and Environment Group, and Public Safety Group. Over the course of the workshop, participants learned about the foundations of evidence, how to assess evidence quality and applicability to policymaking, and advanced their shared understanding of evidence-informed policymaking. In service of this goal, the group developed a common framework and statement of principle for using evidence in policymaking, and accelerated the trust and relationships necessary to apply this principle and framework across the various county departments, divisions, and groups.

The Center conducted 2 additional EiHP workshops in 2022. The Western Medicaid Pharmacy Administrators Association Conference provided an introduction to evidence-informed policy making. A workshop for the Louisiana Department of Health focused on pharmacy, including an overview of Federal Medicaid pharmacy requirements contained in the Medicaid Drug Rebate Program; a review of pharmacy benefit management tools and configurations used by Medicaid programs; an overview of the FDA's new drug approval pathways; the role of drug manufacturers in the FDA approval process; and innovative management strategies used by state Medicaid programs for high-cost drugs.



Evidence Dissemination and Support Highlights

Systematically Testing the Evidence on Marijuana (STEM)



The Systematically Testing the Evidence on Marijuana (STEM) website, cannabisevidence.org, is an independent, methodologically rigorous, and updated cannabis evidence resource for the health care sector which synthesizes what is known from research and what is left to learn about the health effects of cannabis. This collaborative project, a partnership between the Center and US Department of Veterans Affairs, is funded by the US Department of Veterans Affairs: Office of Rural Health.

The 2 main goals of STEM are to:

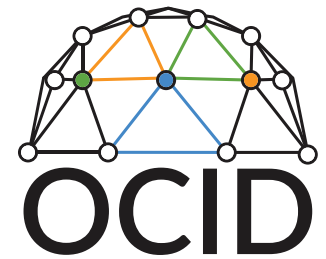
- Empower health care providers to have evidence-based discussions about cannabis use with their patients; and
- Identify specific research gaps and highlight ongoing research to help researchers design high-yield studies that advance the field of clinical cannabis research.

STEM meets these goals through a series of living systematic reviews on important cannabis-related health care topics, such as pharmaceuticals for cannabis use disorder, and the use of cannabis for posttraumatic stress disorder. We developed a registered ongoing studies section of our website to help researchers see what others are doing in the field of cannabis research.

The STEM website also includes brief clinically focused materials designed for clinicians, information about cannabis and research policy in the US, and a section highlighting newsworthy research developments about cannabis and its health effects.

Oregon Child Integrated Dataset (OCID)

The Oregon Child Integrated Dataset (OCID) is a nonpartisan data-driven project to support policymakers as they work to improve outcomes for children and families in Oregon.



Created in 2019, OCID contains linked, cross-agency and cross-program information for children born in Oregon and their birth parents beginning in 2001. Linked by birth records, the OCID dataset shows the trajectories of children's lifespans and enables awareness of historical and present patterns that would otherwise be isolated in the siloes of individual programs and services.

This biennium, OCID has been investigating the lifespan of Oregon-born students from birth to graduation age in 2020. An introductory policy brief and accompanying interactive visualizations allow exploration of equity characteristics and connections across multiple publicly funded programs. These products set the foundation for building a deeper understanding of the class of 2020, provide context for in-depth analyses, and aim to spark additional areas of inquiry.

OCID information, including analyses and interactive data visualizations can be found on the OCID website, www.ocid-cebp.org.

New Projects

Eliminating Low Value in Services (ELVIS)

The Center’s Eliminating Low Value in Services (ELVIS) project focused on system-level levers across state purchasing arms (such as Medicaid, public employees, corrections, and other agencies) to develop payment approaches designed to discourage low-value services, and to accelerate state efforts to increase value in their health systems.

Between October 2021 and June 2022, the Center spent 9 months engaging with our state partners, finding opportunities to address low-value care. Working with Idaho, Nevada, Pennsylvania, Washington State, and West Virginia, we helped foster new cross-agency and cross-department collaborations among Medicaid, public health, long term care, behavioral health, corrections, and public employee benefit units, and supported these states in their efforts to articulate a shared focus for addressing low-value care.

We sifted through evidence for high-value and low-value care and drafted briefs summarizing this evidence for hospital, maternal and child health, prenatal care, and care coordination services. We also assessed innovative payment models including bundled payments, capitated payments, cost growth targets, global payments, and outcome incentives and disincentives, and created briefs to describe how and where the models have been used, any results reported to date, and any operational considerations for state administrators. Policy briefs outlining these payment options can be found on the Center’s website at centerforevidencebasedpolicy.org/why-partner-with-us/collaboration/elvis.

Our team also worked individually with Idaho, Nevada, Pennsylvania, Washington State, and West Virginia to identify a focus area and proposed payment model to address low-value care, and analyzed the possible opportunity for cost savings if implemented. State administrators completed a readiness assessment, and the Center team identified the workstreams and implementation steps necessary for an implementation phase. These states leave the ELVIS planning phase with project concepts that are “shovel-ready” for executive and legislative review.



Washington Drug Legislation (WADL) Project

The 67th Washington State Legislature passed bills focused on access to, and purchasing and distribution of, 2 critical drugs: insulin for diabetes control and naloxone for prevention of opioid overdose. The Washington HCA engaged the Center to support its efforts to research best practices, secure stakeholder feedback, and describe options to address access and cost barriers for insulin and naloxone within the context of Washington’s policy, budget, and political environment.

New Projects

Washington Psilocybin Stakeholder Workgroup

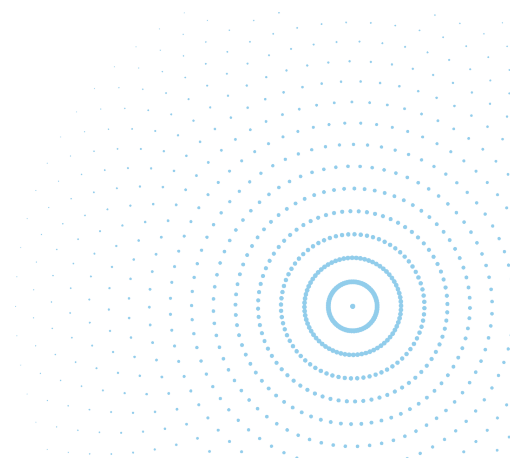
In its 2022 session, the Washington Legislature passed SB 5693, directing the Washington HCA to, in consultation with a stakeholder workgroup, provide a report on psilocybin services and opportunities. The Washington State HCA engaged the Center to facilitate the meetings and work of its Washington Psilocybin Stakeholder Workgroup. This effort has included a review of Oregon's proposed rules for the regulation of psilocybin and an assessment of the possible impact of similar laws in Washington State.

In addition, the Workgroup has been looking at issues of oversight for licensed health professionals involved with psilocybin treatment, and options for creating a social opportunity program to promote equitable access to psilocybin treatment.

Washington Palliative Care Reimbursement Project

The Center has been collaborating with stakeholders and the Washington State HCA to design a palliative care payment methodology for the state's Medicaid and employee and retiree benefits programs.

The Center is amid a multipronged effort to research palliative care benefits offered by other Medicaid programs and other payers, gather preliminary stakeholder input, develop a draft approach for eligibility and benefits, and elicit another round of stakeholder feedback. This work will continue through spring 2023 and culminate with a report to HCA.



Diversity and Inclusion

CENTER DIVERSITY AND INCLUSION MISSION STATEMENT

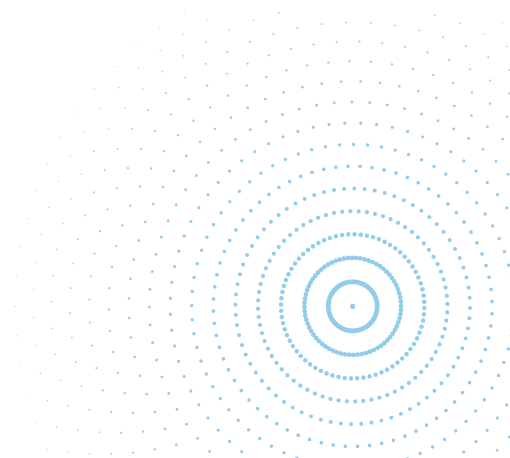
The Center strives to be a healthy and thriving work environment where everyone, from any background, can do their best work. We are committed to a safe and inclusive workplace that celebrates and values diversity of age, race, ethnicity, gender identity, sexual orientation, physical and mental ability, 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.

Building on the accomplishments to date, we focused on the following steps to increase the diversity and inclusiveness of the Center in 2022:

- Added a new goal to our organizational strategic plan, and a diversity mission statement focused on belonging, inclusiveness and safety
- Revised all job descriptions and job postings to ensure bias-free language
- Extended outreach to a broader array of recruitment sites and organizations

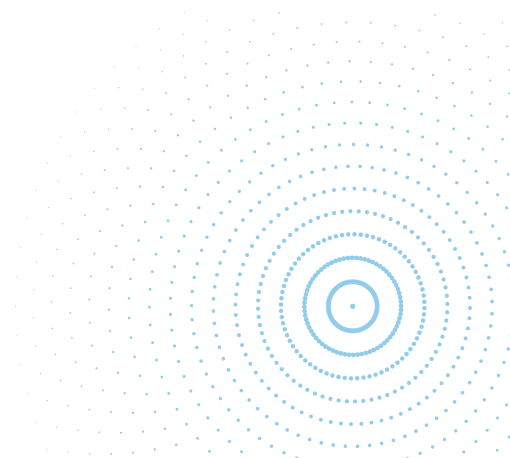
- Revised interview process and onboarding plans
- Focused on our annual staff retreat on appreciating differences in communication and preferences

The Center is committed to a focus on diversity, inclusion, equity, and safety that values all people. We aspire to see lasting changes in each other, our work, our community, and those we serve.



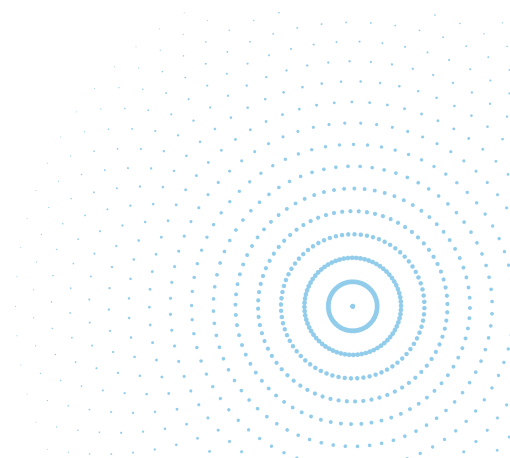
Team Members

Rhonda Anderson	Director of Pharmacy
Caitlin Burbank	Research Associate
Beth Church	Administrative Program Manager
Amy Clary	Policy Analyst
Pam Curtis	Center Director
Hayley De Carolis	Policy Analyst
Erin Delaney	Research Coordinator
Amanda Delzer Hill	Editor
Virgil Dickson	Policy Analyst
Debbie Dion	Program Administrator
Landon Donsbach	Administrative Systems Manager
Shauna Durbin	Research Associate
Allyson Evans	MED Director and Policy Research Director
Galen Gamble	Project Coordinator
Martha Gerrity	Clinical Epidemiologist
Bethany Godlewski	Senior Systematic Reviewer and Statistician
Amelia Harju	Policy Analyst
Scott Harvey	Department Administrator
Veronique Johnstone	Project Coordinator
Roz Kelly	Research Associate
Valerie King	Research Director
Jacqui Krawetz	Graphic Artist/Editor
Brittany Lazur	Research Associate
Allison Leof	Policy Analyst
Kate Lonborg	Policy Analyst



Team Members

Jennifer Lyon	Research Associate
Dylan Miksicek	Research Associate
Adam Obley	Clinical Epidemiologist
Dave Radley	Data Director
Moira Ray	Clinical Epidemiologist
Morgan Reeder	Data Visualization Analyst
Shannon Robalino	Research Associate
Erin Sanborn	Project Coordinator
Jana Schellinger	Research Associate
Beth Shaw	Research Director
Lily Sobolik	Policy Analyst
Susan Stuard	State TA Director
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



2022 Reports

Arranging Out-of-State Care for Children Enrolled in Medicaid with Clinically Complex Conditions Presentation

Atopic Dermatitis

Audio-Only Telehealth Flexibilities for Group Psychotherapy Services: Evidence, Reimbursement and Coverage Criteria

Audio-Only Telehealth Services: Innovations and Operational Considerations

Benlysta and Lupkynis for Active Lupus Nephritis

Biological Drugs for Asthma

Biological Drugs for Non-Asthma Indications

Boarding of People with Behavioral Health Conditions in Emergency Departments, With a Special Focus on Children and Adolescents

Cannabis and Posttraumatic Stress Disorder in Veterans (Collaboration with US Department of Veterans Affairs: Office of Rural Health)

CAR T-Cell Therapies

Care Coordination Integration: Maximizing Health System, Payer, and Provider Coordination Efforts for High-Risk Populations

Care Coordination Policy and Evidence: A Compendium of MED Reports, 2017–2022

Clinical Overview: Hospital Services

Clinical Overview: Maternal-Child Health Services

Closed-Loop Referral Systems for Addressing Social Needs

Community-based Lactation Support Services: Medicaid Coverage Criteria

Continuous Glucose Monitors: An Explainer

Deprescribing Benzodiazepines

Early Adverse Childhood Experiences (ACEs) Identification and Prevention

Epidiolex for Seizures

FDA-Approved Therapies for Spinal Muscular Atrophy

Gender Dysphoria in Minors: Clinical Evidence

Gene Therapies for SCD and Beta Thalassemia

2022 Reports

Genetic Test Coding and Reimbursement: Medicaid Coverage Strategies

Glossary of Behavioral Health Terms

High-Cost Drugs Pipeline

High-Frequency Chest Wall Oscillation Devices

HIV Antiretrovirals

Implementation of Value-Based Primary Care

Improving the Coordination of Health Care for Justice-Involved Individuals

Medicaid Behavioral Health Services for Children in Foster Care

Medicaid Coverage for Gender-Affirming Surgery

Multiple Sclerosis Drugs

Payment Model Primer: Bundled Payments

Payment Model Primer: Capitated Payments

Payment Model Primer: Cost Growth Targets

Payment Model Primer: Global Payments

Payment Model Primer: Outcome Incentives and Disincentives

Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)

Prenatal Care Engagement: Clinical, Community, or Health System Efforts

Residential Substance Use Disorder Treatment at Higher Levels of Care: Coverage Policies, Utilization Management, and Reimbursement

Return on Investment for Expanded Adult Dental Benefit in Medicaid

Screening for Substance Use in Pregnancy: Clinical and Policy Considerations

Screening for Substance Use in Pregnancy: Medicaid Considerations

Second Generation Antidepressants

Second Generation Antipsychotics in Children and Adolescents

Second Generation Antipsychotics in Children and Adolescents (Repeat)

2022 Reports

Social Risk Factors: Data Collection, Analysis, and Use to Promote Equity

Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy: An Evidence Update

Targeted Immune Modulators for Plaque Psoriasis and Psoriatic Arthritis

Targeted Immune Modulators for Rheumatoid Arthritis and Ankylosing Spondylitis

The Impact of Cannabis Use on Female Fertility (Collaboration with US Department of Veterans Affairs: Office of Rural Health)

Traumatic Brain Injury: Assessment Instruments for Measuring Clinical Improvement

Treatments for Cannabis Use Disorder (Collaboration with US Department of Veterans Affairs: Office of Rural Health)

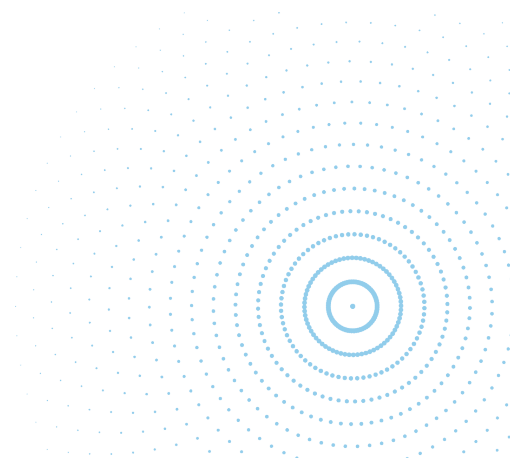
Treatments for Duchenne Muscular Dystrophy

Treatments for Hemophilia A

Trikafta

Triple Therapy Combinations for Asthma & COPD

Whole Exome Sequencing: Evidence, Payer Policies, and Clinical Practice Guidelines





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