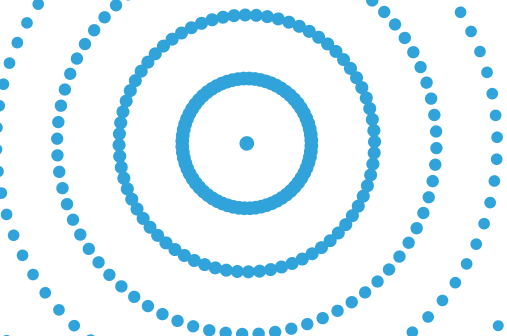
Celebrating 20 years of bringing GOOD POLICY to life



CENTER FOR EVIDENCE-BASED POLICY

2023 Annual Report

Contents

All event photos are by OHSU photographer Jordan Sleeth

A Note From the Director

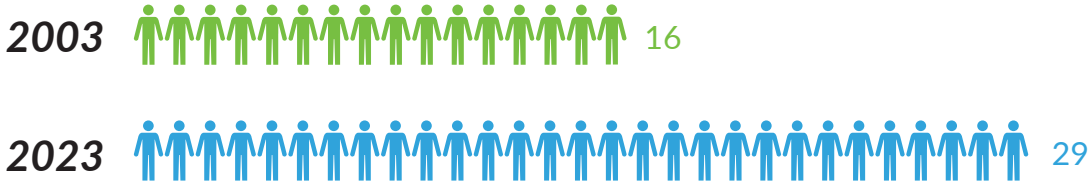
Welcome to the 2023 Annual Report from the Center for Evidence-based Policy (Center), where for 20 years we have proudly upheld our mission of "addressing policy challenges with evidence and collaboration." For 2 decades, this mission has guided our work with states, and directed our commitment to objectivity in evidence-based policymaking. It reflects our commitment to supporting states in crafting policies with a rigorous and data-driven foundation. As you read this Annual Report, I hope you will witness how the Center has translated this mission into tangible actions.

I also hope you will see how, since our inception in 2003, the Center has set the standard for customer service and innovation. Over the past 20 years, we have built a reputation as a trusted partner for the states we serve. Our collaborative approach is not just a guiding principle but a powerful tool in our mission. It helps us adapt to the complexities of state health policy, changing times, and emerging trends. It also helps state agencies maximize resources and produce better health outcomes for the most disadvantaged and vulnerable populations they serve.

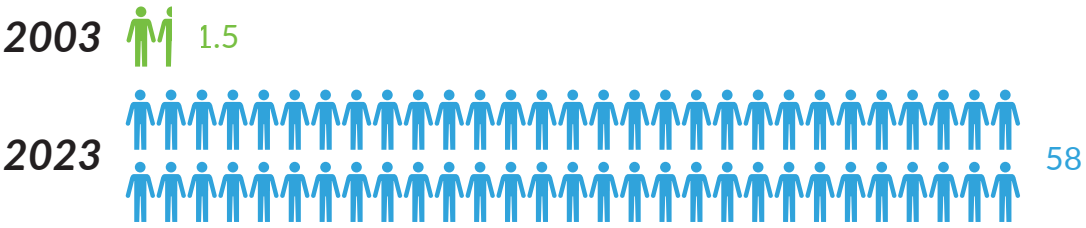
As we reflect on the last 20 years in this annual report, we invite you to explore the milestones, achievements, and initiatives in which we have blended scientific rigor with the art of exceptional service. As we launch our next 20 years, we hope you will join us in shaping an enduring legacy reflected in our tagline: "the Science of Good Policy."

THEN AND NOW - BY THE NUMBERS

CLIENTS



EMPLOYEES



REVENUE (in millions)

TOTAL PIECES OF CONTENT GENERATED BY THE CENTER (SO FAR)

1,150

What Was Happening in 2003?

- The world population is about 6.3B people (currently over 8B)
- The US and allied forces invade Iraq on March 20, marking the beginning of the Iraq War
- The Human Genome Project is completed, with 99% of the human genome sequenced to 99.99% accuracy
- NASA kicks off the Mars Exploration Rover mission by launching the Spirit Rover
- The World Health Organization issues a global alert on SARS when it spreads to Hong Kong and Vietnam from Mainland China
- Myspace (social networking site) is launched
- Concorde makes its last commercial flight, ending the era of supersonic airline travel
- Saddam Hussein (the former president of Iraq) is captured by the US Army
- The words flash mob, muffin top, binge-watch, manscaping, unfriend, SARS, and electronic cigarette are added to the Merriam-Webster dictionary

1999–2001:

Gov. John Kitzhaber, John Santa, Mark Gibson, and Pam Curtis create Practitioner-Managed Prescription Drug Plan (PMPDP) to ensure Oregon Medicaid enrollees have access to effective medications at lower costs

Celebrating 20 Years of Bringing Good Policy to Life

By Virgil Dickson, MHA

GENESIS OF THE CENTER

While the Center for Evidence-based Policy (Center) officially launched at Oregon Health & Science University (OHSU) in October 2003, the seed of its concept was planted several years earlier. In 1999, then-governor of Oregon John Kitzhaber hired an administrator named John Santa and gave him a significant task: to develop a strategy for covering prescription drugs that would ensure Oregon's Medicaid enrollees had access to effective medications and lower-cost prescriptions.

To this end, Santa began working with policy advisors Pam Curtis and Mark Gibson. The trio ultimately decided to develop a preferred drug list (PDL), which urges clinicians to prescribe lower-cost drugs found to work just as well as more expensive versions. Oregon's approach would later be known as a

Founders of Center for Evidence-based Policy (l-r: John Mark Gibson, Dr. John Kitzhaber, Pam Curtis, and Dr. John Santa)

2001: Gov. Kitzhaber ensures PMPDP proposal is passed by the Oregon Legislature, despite lobbyist opposition. Santa, Curtis, and Gibson work with OHSU on drug evidence reviews to populate the PMPDP preferred drug list

Practitioner-Managed Prescription Drug Plan (PMPDP), and unlike other PDLs, would give preference to drugs not by cost but based on how well they worked compared to similar drugs.

"The idea was to create a firewall between the development of the [preferred drug] list—making it an evidence-based process that was completely unbiased and apolitical—and the legislature, who had to fund the list and couldn't change the list," Kitzhaber said. "Resource allocations are inherently political."

> ***I appreciate so much 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.***
>
> *Melinda Rowe, Assistant Medical Director, Alabama Medicaid*

Still, the idea faced pushback; pharmaceutical lobbyists had a tight grip on the state legislature at the time and would fight any bill that would result in less drug spending. When the bill was drafted to outline the PMPDP proposal, drug makers turned out in droves (outnumbering state lawmakers 3 to 1). Their influence worked and both state chambers of Congress refused to hold a hearing on the bill.

The governor held his ground, telling lawmakers he would not sign the Department of Human Services budget if the bill did not at least get a hearing. Following a flurry of Saturday-morning negotiations, the PMPDP bill passed in 2001. Santa, Curtis, and Gibson then developed a process for conducting literature reviews on drug evidence, to help populate this state PDL. The team worked with researchers from OHSU's Oregon Evidence-based Practice Center and the Agency for Healthcare Research and Quality (AHRQ) to develop these evidence-based reports.

GROWING INTEREST IN AN EVIDENCE-BASED APPROACH

In 2002, Medicaid officials from Idaho and Washington State became interested in Oregon's approach to managing prescription drug classes using systematic reviews. These states joined Oregon in an unofficial collaboration, jointly sponsoring drug reviews of interest to all 3 states. By 2003 Medicaid officials from other states were interested in using evidence as a cornerstone for health policy, and Kitzhaber (who had termed-out as governor) worked with Curtis, Gibson, and Santa to formally create the Center for Evidence-based Policy (Center) at OHSU.

2002: Oregon collaborates with Washington state and Idaho to ensure drug coverage decisions in these states are based on best-available evidence

The Center soon launched its first multistate collaborative, the Drug Effectiveness Review Project (DERP), to help states obtain evidence on the comparative effectiveness of drugs within the same class. In that first year, 15 states were DERP members (Alaska, Arkansas, California, Idaho, Kansas, Michigan, Minnesota, Missouri, Montana, New York, North Carolina, Oregon, Washington, Wisconsin, and Wyoming), as well as the Canadian Agency for Drugs Technology and Health (CADTH).

"We banded together based on the shared feeling that [the pharmaceutical industry] was driving the business through their massive investment in drugs that marginally or didn't at all provide meaningful outcomes," said Tamara Eide, Pharmacy Director for Idaho Medicaid.

The Center sought to set itself entirely apart from the pharmaceutical industry by being fully transparent. Report key questions and drafts were both made available for public comment, and there was a strict conflict-of-interest policy, under which report researchers could never have financial interest in the drugs being reviewed. The reports generated by DERP did not endorse any specific medication or factor costs into consideration. Instead, the primary focus of DERP was presenting objective analyses of available evidence on different medications, regarding comparative effectiveness, safety, and any impact on specific subpopulations.

> ***I appreciate getting connected with this group and the wonderful resources available.***
>
> *Michael Koehler, Agency Policy Specialist, Minnesota Medicaid*

However, this transparency did have a downside. According to Santa, other state Medicaid programs began pulling DERP reports off the Center's site and repurposing them as their own, without formally joining DERP or contributing financially to the research. State DERP participants decided to make the reports proprietary, to ensure collaborative members still saw value in participating.

Around the same time, requests started to come in for evidence reports on topics not related to drugs, leading to the launch of a new initiative to meet those needs.

LAUNCH OF THE MEDICAID EVIDENCE-BASED DECISIONS (MED) PROJECT

In January 2006, Center staff announced the Medicaid Evidence-based Decisions Project (MED). MED was primarily comprised of state Medicaid medical directors, and reports focused on topics including clinical effectiveness of treatments, technologies and

2003: Center for Evidence-based Policy (Center) officially opens, based at OHSU. Center launches its first multistate collaborative, Drug Effectiveness Review Project (DERP), with 16 participating states

preventive strategies. While the topics differed from DERP, state participants noted that they appreciated that Center researchers focused on objective quantitative data to populate their findings.

> ***Simply couldn't do my work well without MED.***
>
> *Ellie Garrett, Manager, Population Health Innovation, Minnesota Department of Human Services*

William Golden, Medical Director of Arkansas Medicaid and an early participant in MED, noted that the collaborative's initial emphasis on research methodology presented challenges for states. Like other research entities at the time, MED produced reports that highlighted unresolved questions on various topics, without necessarily offering solutions for urgent policy issues. "It took a while for folks at the Center to realize that Medicaid staff are looking for practical solutions or detailed answers to issues that they come up with at work," Golden said.

MED's primary asset, as Golden saw it, was that it provided a venue for Medicaid staff (not just medical directors, but nurses, physicians, and other program staff) to gather and share ideas and solutions based on evidence of effectiveness. One thing that tied all MED participants together was trying to ensure Medicaid enrollees received the best care possible while grappling with limited budgets; evidence was key.

NEW INITIATIVES BEYOND MED AND DERP

Through the years, the Center slowly expanded its work outside the 2 multistate collaboratives, to not only serve existing state clients in more targeted ways, but also to work with other state Medicaid programs unable to make longer-term commitments to MED or DERP.

In 2007, the Washington Health Technology Assessment (HTA) program was established to ensure certain medical devices, procedures, and tests paid for with state health care dollars are safe and proven to work. Program findings affect not only the Washington's Medicaid program, but also their Department of Labor and Industries, the Department of Social and Health Services, and the Department of Corrections. For this initiative, the Center conducts HTAs, systematically evaluating health care technologies and interventions.

In 2008, the Center began 4 years of support and staffing for AHRQ's Effective Health Care (EHC) Stakeholder Group, a 20-member volunteer committee representing a range of stakeholders, for the purpose of increasing the impact of the EHC Program.

2006: Center launches second multistate collaborative, Medicaid Evidence-based Decisions Project (MED), focused on various topics not related to drugs

In 2009, the Center launched Evidence-informed Health Policy workshops customized for state-specific needs. These workshops equipped elected and appointed state officials and their staff with the skills to find, evaluate, and use evidence when shaping health policy.

> ***This is a super helpful review—clearly and simply explains complex concepts, layout and diagrams work, summaries and tables helpful. This will be a huge aid … so impressed with the work of CEbP. It really surpasses by leaps and bounds work I have recently seen from other consultants.***
>
> *Magni Hamso, MD, MPH, FACP, FASAM, Medical Director, Idaho Dept of Health & Welfare*

By 2011, Oregon had launched the Health Evidence Review Commission (HERC). It functions similarly to Washington's HTA, where medical procedures, devices, and tests paid for by Medicaid are evaluated for effectiveness and improved health outcomes. The Center supports HERC's work by conducting health technology assessments and systematic reviews of health care interventions, similar to its role in Washington.

In 2012, the Center provided guidance, facilitation, and support to 4 states during the establishment of the Comprehensive Primary Care (CPC) initiative sponsored by CMS' Center for Medicare and Medicaid Innovation (CMMI). One result was the Colorado Multi-Payer Collaborative (MPC), an effort initially financed by CMMI and later self-funded by a collaborative of organizations in Colorado. Its goal was to coordinate efforts to improve primary care and reform health care payment in the state. At the height of the MPC's activities, it supported more than 250 practices and nearly 2,100 individual providers across the state. The Center provided guidance, facilitation, and support over the life of the MPC.

As the Center marked its 10th anniversary in 2013 with a growing portfolio, the prescription drug market was also evolving; the introduction of blockbuster drugs, quicker Food and Drug Administration (FDA) approvals for medications, and the rise of the generic market increased complexity to the Center's work.

THE DAWN OF MORE DRUGS, AND BLOCKBUSTER DRUGS

In the 2010s, the US drug market witnessed several significant trends. There was a notable increase in the number of drug approvals by the FDA during the Obama and Trump administrations, and to achieve this greater number of approvals, the FDA began to use surrogate measures of analysis. Traditionally, the gold standard

2007: Center first conducts health technology assessments for the newly established Washington Health Technology Assessment (HTA) program in Washington State

for drug approval had been improvements in patient outcomes, such as increased overall survival or quality of life. When surrogate measures began to be used more frequently, it raised concerns about whether drugs are truly effective. Unlike Medicare and commercial payers, Medicaid programs are required to cover any medication as long as its manufacturer has a rebate agreement with the US Department of Health and Human Services.

> ***There was so much good information, it was hard to take it all in at times.***
>
> *Carey Michels, Indiana, Pregnancy Promise Program Project Specialist*

That same decade, the drug market began to introduce high-cost medications meant to treat complex, chronic, or rare conditions, including cancer, multiple sclerosis, and hepatitis. A notable watershed moment during this time was the introduction of Sovaldi in 2013; it was marketed as a cure for hepatitis C and cost $1,000 per pill at launch and over $80,000 for a course of treatment.

While the trend at the time was for states to have very limited coverage criteria for these therapies, the Center showed that it was in states' interest to be more expansive in their coverage. The Center produced data showing wider and more timely access to these therapies would both be beneficial to patients and cost-saving for states.

By 2016, these changes and their impact on state health policy prompted the Center to expand its pharmacy focused-efforts, including hiring the Center's first Pharmacy Director, and shifting from performing drug-class reviews to exploring policy strategies for ensuring proper oversight of fast-tracked drugs with limited evidence and high price tags.

The Laura and John Arnold Foundation (now Arnold Ventures) provided the Center with a grant to launch the State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs (SMART-D) project. The goal of SMART-D was to develop and pilot-test new reimbursement models for high-cost prescription drugs, including alternative pay models.

Rhonda Anderson, the Center's pharmacy director explained that DERP generates "really comprehensive, comparable-effectiveness data and evidence." In contrast, SMART-D focuses on "moving policy levers into the implementation phase to help states… operationalize a pharmacy policy level."

CONTINUED EVOLUTION

In response to dynamic challenges emerging in health care, the Center began to strategically expand its

2008-2012: Center provides support and staffing for AHRQ's Effective Health Care (EHC) stakeholder group, a 20-member volunteer committee convened to increase the impact of EHC program

pharmacy program offerings, while also launching new policy initiatives aimed at equipping state policymakers with essential resources for informed decision making. "We're committed to meeting the needs of states and the health policy work of states," Curtis said. "That necessitates changing; it requires us to stay current or maybe even a half a step ahead of where states are."

In 2019 a significant collaboration between the Center and the National Governors Association led to the creation of an online repository of evidence-based resources, specifically addressing the opioid epidemic in the US. Named the Curated Library about Opioid Use for Decision-makers (CLOUD), this digital resource disseminates accurate information amidst prevalent misinformation.

By 2020, the Oregon Child Integrated Dataset (OCID) was finally ready to launch. Supported by the Oregon legislature, this project represents the fruition of nearly a decade of extensive planning. The OCID established a secure framework for merging and analyzing data from 5 state agencies in Oregon, providing insights for how to enhance state programs and strengthen support for children across the state.

In 2021, the Center expanded its impact on national health issues through funding from the US Department of Veterans Affairs (VA) Office of Rural Health. In collaboration with this VA department, the Center launched the Systematically Testing the Evidence on Marijuana (STEM) project, an independent resource focused on consolidating research about the health effects of cannabis, for health care professionals. This initiative not only synthesized existing research but also identified knowledge gaps, paving the way for future investigations.

> ***I found the entire experience valuable but especially just the communicating with fellow state Medicaid employees. It is comforting to know that we are not alone in the struggle and just being faced with that fact is both encouraging and energizing.***
>
> *Aaron Reece, Nebraska, Program Specialist*

During 2022, the Center shifted its attention to once again scrutinize drugs approved via the FDA's accelerated approval pathway. A continuation of the SMART-D work, the Medicaid Evidence and Review of Cost Initiative (MERCI) project emerged from this effort. MERCI's objective is to compare the demographics of Medicaid patients with the clinical trial populations used for FDA approval of specific drugs, and to evaluate the potential fiscal impact of these drugs from a Medicaid perspective.

2009: Center launches Evidence-informed Health Policy workshops to educate policymakers on basics of using evidence

Concurrently, the Center commenced the establishment of a unit dedicated to data and analytics, addressing the growing data requirements of states. The appointment of the first Director of Data and Analytics signified a strategic and significant step in the Center's ongoing journey of transformation and development.

> ***MED has been the go-to source.***
>
> *John Majors, Clinical Lead, Quality Analytics, Alabama Medicaid*

AN ORGANIZATION THAT STANDS APART

While there are other organizations around the country issuing policy reports related to Medicaid, state officials say the Center is unique. Many comparable organizations are DC-based and driven by federal policy agendas, while reports and projects initiated by the Center are state-driven and free of political bias. Few other organizations create a safe space for Medicaid officials to interact and share ideas, while on a strong foundation of high-quality evidence.

"I've been to other events where I've sometimes felt pressured in the exhibit hall of like, hey, give me your card, let's talk about X, let's try to sell you something," said Judy Zerzan-Thul, chief medical officer at Washington State Health Care Authority. "There are no vendors at DERP and MED conferences. We're all just people trying to try to improve population health, and I feel like that is both refreshing and important to actually get the job done."

Another attribute of the Center is its strict commitment to nonpartisanship. Without that, said Darin Gordon, a former director of TennCare, Tennessee's Medicaid program, it's unlikely his state's legislature would have approved his agency's contract with the Oregon-based center.

Golden echoed that sentiment. His state has gone from Democrat- to Republican-controlled over the decade-plus that the Center has been working with Arkansas. As more research organizations begin to skew left, it is important to have a partner that does not judge a state's policy choices.

"A lot of times, [DC]-based organizations write things that aren't applicable to red states," Golden said. "Not every state is like Delaware or Maryland. It is not that red states are hopeless or indifferent, it's just that our windows of opportunity are different."

AN EYE TOWARD THE FUTURE

At the close of 2023, over 20 years into the Center's existence, there are 22 state Medicaid programs

2011: Oregon launches Health Evidence Review Commission (HERC), for which the Center conducts HTAs and systematic reviews of health care interventions

participating in MED and 13 in DERP. These programs alone cover 41 million enrollees, let alone the countless lives touched by the other Center programs and projects.

In the coming years, the Center will help state Medicaid programs navigate many new policy issues, Curtis said. These include pressing behavioral health concerns, genetic testing, a continuously accelerating drug approval process, and further integration of qualitative and quantitative data, along with evidence synthesis to support Medicaid and state health policy decision making. "We will stay current with states, because states are still evolving, their populations are evolving, and their issues are evolving," Curtis said. "They're really grappling with some very serious issues, both topically and organizationally."

Lisa Price-Stevens, Chief Medical Officer, Commonwealth of Virginia Department of Medical Assistance Services chats with OHSU President, Dr. Danny Jacobs.

2012: Center provides guidance, facilitation, and support to 4 states during establishment of Comprehensive Primary Care (CPC) initiative sponsored by Center for Medicare and Medicaid Innovation

New for 2023 and Beyond: Evidence-informed Health Policy Innovation Award

The Evidence-based Health Policy Innovation Award recognizes a team or state official for using evidence to innovate state-run, publicly funded efforts that achieve improvement in health outcomes, quality, or cost for their state's populations.

This will be an annual award going forward.

CRITERIA FOR NOMINATION

The nominated effort has:

1. Addressed a known or acknowledged public policy problem OR used evidence or data to reveal and address a previously unrecognized public policy problem.

2. Resulted in:
   a. Improved health outcomes, quality, or cost; OR
   b. Identification and discontinuation of policies or programs that do not improve health outcomes, quality, or cost.

3. Used evidence or data OR created evidence or data through implementation of the nominated effort.

4. Used collaboration or community-engagement strategies, preferably throughout the process.

5. Addressed equity in its application.

Inaugural Winner

Arkansas Patient Centered Medical Home Program

The Arkansas Patient Centered Medical Home (PCMH) model operates through transforming primary care delivery, with the goal of enhancing patient care quality for Medicaid beneficiaries. State officials established the program in 2014 in response to barriers Medicaid enrollees often faced in accessing health care.
The PCMHs specifically targeted the reduction of outpatient emergency department visits, inpatient admissions, and readmissions. Under the PCMH program, participating practices receive a per-member per-month (PMPM) payment from Arkansas Medicaid. This payment varies depending on the health risk levels of each practice's attributed Medicaid patients. Practices caring for older populations or those with greater health risks receive higher monthly payments. Practices can also qualify for bonus payments by meeting quality metrics and utilization targets.

2015:

Center helps New York State set up an Evidence Based Benefit Review Advisory Committee (EBBRAC)

Some practices have used their PMPM payments and bonuses to widen access for Medicaid enrollees. This includes using funds to equip nurses with technology like iPads for remote patient visits and telehealth. Practices must have a minimum of 150 attributed Arkansas Medicaid clients to enroll. Around 200 practices across the state, representing 92% of all practices, now participate in the PCMH program. The PCMH model emphasizes preventive care and care coordination. Participating practices are expected to ensure 24/7 access to care, develop strategies for high-risk patients, allow for same-day scheduling, and use electronic health records. The adjustments introduced through the PCMH program have led to changes extending beyond Medicaid recipients to all patients at participating sites.

The program is now in its 10th year with continued robust participation and substantial impact on the content and viability of primary care in a rural state. There are also strong indications the program is making a real difference, ranging from early wins like a 100% shift to electronic medical records, to new reports that now allow practices to drill down on specific patients to identify care gaps and prioritize clinical outreach.

A 7-year longitudinal analysis demonstrated that designating high-priority beneficiaries for regular office contact resulted in improved overall health by the lowering of the risk scores of this population. Arkansas Medicaid has aimed to make the PCMH an evidence-based initiative. Every quarter, participating practices are provided with reports detailing their process metrics, quality scores, beneficiary enrollment numbers, and overall expenses.

The PCMH model has had a substantial impact in Arkansas over the course of its first 9-year

The innaugural award for Evidence-based Health Policy Innovation went to the Arkansas Patient Centered Medical Home Program. Larry Ballard, Business Operation Manager at the Arkansas DHS Division of Medical Services accepts as Mark Gibson and Bill Golden (right) look on.

2016: Center launches State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs (SMART-D) through grant from Laura and John Arnold Foundation (now Arnold Ventures)

implementation. With 348,000 Medicaid beneficiaries enrolled (85.2% of eligible beneficiaries), the program has achieved remarkable results. It has led to a significant reduction of $107.1 million in direct Medicaid costs when compared to benchmark trends, with $19.7 million allocated for essential investments in primary care and $87.4 million projected to be shared between the state and health care providers in 2022.

Upcoming Work in 2024

LAUNCH OF DRUG EFFECTIVENESS REVIEW PROJECT (DERP) VIII

July 2024 will mark the start of the 8th 3-year DERP cycle, launching the next decade of offering up-to-date clinical evidence and policy information with which to base policy decisions related to pharmaceuticals. DERP research products continue to evolve to meet the needs of the dynamic health care landscape, while still offering the best-available, high-quality clinical evidence synthesis, highlighting safety issues, adverse events, and effectiveness.

MERCI

To create an opportunity for state Medicaid programs to represent their public interest in the US Food and Drug Administration's (FDA) accelerated approval decisions, the Center created the Medicaid Evidence and Review of Cost Initiative (MERCI) in 2023.

As of September 2023, 88 million people were enrolled in Medicaid in the US, covering 26% of the country's population. While state Medicaid programs are responsible for covering costs and generating health outcomes for a quarter of the US population (including being required to pay for FDA-approved drugs), they do not have a role or any formal influence in the FDA review and decision-making process for new drugs brought to market.

Congress authorized the creation of the FDA's Accelerated Approval Program to encourage drug manufacturers to find treatments for serious, and often rare, diseases by putting resources into research and development. This accelerated drug approval pathway allows surrogate endpoints to be submitted in lieu of direct measures of clinical benefit; the drug companies do not need to wait for the study to completely finish before receiving FDA approval, so this approval happens faster.

Many therapies approved using this accelerated pathway are fully available in the US marketplace and covered by state Medicaid programs, as mandated by federal regulations. These drugs are often extremely expensive

2018: Center builds a suite of services to support states in applying evidence using systems and process design, and technical assistance

Future of Health Policy: Next 20 Years panel (l-r: Dr. John Kitzhaber, Alfred Engelberg, Edwin Park, Cindy Beane, Dr. John Santa [moderator])

even without strong evidence of meaningful clinical benefit to the patient.

Through MERCI, Center staff will analyze select new drugs approved via the accelerated approval pathway and to create a series of 9 or 10 policy briefs with information and evidence in the areas of:

- The estimated prevalence of target diagnoses (the accelerated approval drug's indication[s]) within states' Medicaid populations;
- The clinical trial population used to support FDA approval, and how similar it is to the Medicaid population; and
- Projected drug costs for state Medicaid programs, including a breakdown of state and federal funds using the Federal Medical Assistance Percentage (FMAP), and where possible, identification of additional costs associated with the drug therapy.

To inform budget and policy decisions by state and federal policymakers, MERCI analyses include directly relevant national and state-level data where available.

NEW YORK STATE DEPARTMENT OF HEALTH

In 2023, the Center contracted with the New York State Department of Health (NYSDOH) to provide support to New York Medicaid for 5 years. The scope of work includes 5 related projects. Center researchers will work with New York Medicaid's Evidence Based Benefit Review Advisory Committee (EBBRAC) by preparing and

2019: Center launches Curated Library about Opioid Use for Decision-makers (CLOUD), in partnership with National Governors Association

presenting evidence reviews to the committee. Center staff will also support New York Medicaid's Internal Benefit Review Committee (IBRC) with evidence reviews and the Center's data team will assist the state with identifying data sources and analytic techniques to inform benefit decisions. Center researchers will also support New York Medicaid in implementing the provisions in their §1115 waiver related to Social Care Networks by assessing the evidence for interventions that address Health Related Social Needs for Medicaid members. Over the years of the contract, Center staff will also conduct Evidence-Informed Health Policy workshops for New York Department of Health staff and EBBRAC committee members.

STATE HEALTH SCORECARDS

Under the guidance of Dr. David Radley, the Center's analytic team is responsible for data procurement, analysis, and methodological development for a number of the Commonwealth Foundation's internal research efforts, notably their Health System Scorecards and State Health Datacenter. These resources use the most recently available data to monitor and assess health system performance at the national and state levels, aiming to increase awareness of gaps in health care performance, as well as opportunities to improve. The reports target state and federal policymakers, health system leaders, and those interested in improving health care.

Going forward, the Center team is wrapping over 6 months of work supporting the release of the Commonwealth Fund's biennial State Health Equity and Disparities report (planned publication early 2024). The CEbP team is also leading the development, data collection, and analysis for the Commonwealth Fund's first Scorecard on Women's and Reproductive Health. This new report, set for

A 20th Anniversary Party attendee looks at posters presentations for the Inaugural Award for Evidence-based Health Policy Innovation

2020: Center launches Oregon Child Integrated Dataset (OCID)

publication in Summer 2024, will take a state-by-state look at differences in access to reproductive health care services, the quality of care received, and health outcomes experienced by women and children.

OREGON CHILD INTEGRATED DATASET (OCID)

The Oregon Child Integrated Dataset (OCID) is a nonpartisan data-driven project giving 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 beginning in 2001 and their birth parents. Linked by birth records, the OCID dataset shows the trajectories of children's lifespans and uncovers historical and present patterns that would otherwise be isolated within the data of individual programs and services.

In the 2021-2023 biennium, OCID investigated factors associated with 4-year high school graduation among the Oregon high school class of 2020. The project team explored 3 identified barriers to 4-year graduation: chronic absenteeism, school transitions, and juvenile justice contact. In the new 2023-2025 biennium, OCID is deepening its exploration into high school graduation cohorts, including a closer examination of school transitions and student outcomes. OCID staff will also investigate early childhood outcomes for young children with health and social needs.

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

2021: Center and US Department of Veterans Affairs launch Systematically Testing the Evidence on Marijuana (STEM) project

2023 Accomplishments

- Along with the Center for Evidence-based Policy (Center), the nationally recognized DERP collaborative celebrated its 20th Anniversary in October 2023. The Center sponsored a gala event which featured Center founders, DERP and MED collaborative state members, and honored guests. As this gala took place during the fall DERP and MED conferences, state participants were able to celebrate the 2 decades of ground-breaking evidence and collaboration shared among Medicaid programs.

- We secured a fourth grant from Arnold Ventures in November 2022, for ongoing work helping states innovate in the area of drug purchasing and reimbursement. In the new phase, we are undertaking a 2-year (2023-2025) 2-part project:

  - We created the Medicaid Evidence and Review of Cost Initiative (MERCI) to analyze drugs approved by the FDA through the accelerated approval pathway. MERCI staff began work on analyses of accelerated-approval drugs; each analysis will provide decision-makers with national- and state-level data translated into directly relevant information. For details, see Upcoming Work: MERCI.

  - We will continue the State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs (SMART-D) technical assistance initiative, which to-date has helped 8+ states dissect pharmacy issues and develop and implement policy solutions to address escalating drug costs.

2022:

Center develops dedicated data and analytics unit, in response to growing data needs of states

- We added an important and ongoing data-focused partnership with the Commonwealth Fund. Every year, the Commonwealth Fund's Scorecard on State Health System Performance uses the most recent data to assess how well the health care system is working within each US state. Beginning in Spring 2023, the Center produced data for the scorecard across 7 dimensions of health system performance. The 2023 Scorecard was published in June.

- We secured a new 5-year contract with the state of New York to lead evidence development and support the public-decision process for their statutory Evidence Based Benefit Review Advisory Commission (EBBRAC). The New York EBBRAC is similar to Oregon's Health Evidence Review Commission (HERC). The work began in the second half of 2023.

- While the Center continues to be financially self-supporting, we have diversified our revenue portfolio with 3 key strategies:
  - Entering into an ongoing partnership with the Commonwealth Fund (described above).
  - Adding the New York EBBRAC work (described above), which will increase the Center's annual revenue by approximately 25%.
  - Securing long-term funding stability for the Oregon Child Integrated Dataset (OCID) with a legislative appropriation, which puts OCID into OHSU's base budget going forward.

- We have increased the percent of staff who are individuals of color, LGBTQ+, and the number of women in leadership positions.

2023 and beyond:

Center serves 30+ states, covering 41 million Medicaid enrollees. Center's future focused on meeting needs of state policymakers, addressing behavioral health issues, genetic testing, accelerated drug-approval process, and integration of qualitative and quantitative data in Medicaid decision making

- We adjusted and solidified organizational infrastructure to meet growing demand. For example, we built a data and analytics unit to focus on current and anticipated client needs. We hired the first director of the data and analytics unit in November 2022; since then Dr. David Radley has hit the ground running, building capacity and adding 2 new projects. We are also expanding data skillsets (e.g., claims analysis), and have secured access to the federal TMSIS data (Medicaid claims and administrative data for each state).

- We reconfigured operational and administrative support systems to align with our current and future work. A systems improvement project launched in August 2022 focused on increasing staff capacity and updating the infrastructure and tools needed to accomplish the Center's work. Staff receive quarterly updates on this systems improvement project, and around 80% of the specific strategies outlined are currently employed. We have also identified other areas ripe for organizational progress, and have developed processes to address them. Launched in the second half of 2023, these updates include expanded research administration, development of a health technology team, and new protocols for ensuring the quality of our research products.

2023 PROJECT LIST

- Colorado Medical Director technical assistance (TA)
- Commonwealth Fund Health System Performance Tracking
- Drug Effectiveness Review Project (DERP)
- Evidence-informed Health Policy (EiHP) workshops
- Louisiana TA
- Medicaid Evidence-based Decisions Project (MED)
- New York State Department of Health TA
- Oregon Child Integrated Dataset (OCID)
- Oregon Health Evidence Review Commission (HERC)
- State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs (SMART-D) TA, Phase 5
- SMART-D Medicaid Evidence and Review of Cost Initiative (MERCI)
- Systematically Testing the Evidence on Marijuana (STEM)
- Washington Archived Topics
  - Washington Decision Aids
  - Washington HTA
  - Washington Palliative Care
  - Washington Primary Care & Making Care Primary (MPC)
  - Washington Psilocybin

2023 PUBLICATIONS

- 2023 Scorecard on State Health System Performance
- Amyloid Beta-Directed Antibodies for Alzheimer's Disease
- Analysis of Medicaid Claims to Identify Low- and Higher-Value Care
- Atypical Antipsychotics as Adjunctive Therapy for MDD
- Audio-Only Telehealth: Existing Center Research and Environmental Scan, Portland, OR
- Biological Drugs for Asthma Surveillance
- Biological Drugs for Non-Asthma Indications Surveillance
- Calcitonin Gene-Related Peptide Inhibitors for Migraine Prevention and Treatment and for Cluster Headache Prevention
- Care Coordination for Children With Complex Medical Conditions: State Medicaid Coverage and Policies
- Coverage Guidance: Bariatric Procedures
- Disease-Modifying Drugs for Multiple Sclerosis Topic Brief
- Effectiveness and Harms of Growth Hormones for Growth Hormone Deficiency and Growth Failure
- Effectiveness and Harms of Naloxone for Opioid Overdose
- Effectiveness and Safety of Treatments to Prevent Fractures in People With Low Bone Mass or Primary Osteoporosis. A Living Systematic Review and Network Meta-Analysis for the American College of Physicians
- Epidiolex for Seizures
- Evidence-based Practices for Behavioral Health: Implications for Rate Setting in Medicaid Systems
- Gene Therapies for Hemophilia A and B
- Genetic Testing for Individuals With Autism or Developmental Delay/Intellectual Disability Diagnoses
- GLP-1 Receptor Agonists for Type 2 Diabetes and NAFLD Topic Brief
- Improving Medicaid Oversight of Physician-Administered Drugs
- Initial Antiretroviral Therapies for Treatment-Naïve Individuals With HIV-1 Surveillance
- Interprofessional Consultations (eConsults): Effectiveness and Implementation

- Interventions for Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome (ME/CFS) and Long Haul COVID 19 Topic Brief
- Interventions to Improve Birth Outcomes: Medicaid Options
- Intravenous Brexanolone (Zulresso) and SAGE-217 (Zuranolone) to Treat Postpartum Depression Surveillance
- Juvenile Justice Contact and 4-Year Graduation for the Oregon High School Class of 2020
- Medicaid and CHIP Coverage Options for Mental Health Consultation
- Medicaid Member Incentives to Improve Health Outcomes: Evidence Base and Regulatory Context
- Medicaid Postpartum Coverage Extension: Evaluation and Outcomes Assessment Planning
- Midyear School Transitions and 4-Year Graduation for the Oregon High School Class of 2020
- Newer Second-Generation Antidepressants: Vortioxetine, Vilazodone, and Levomilnacipran Surveillance
- Pharmaceutical Treatments for Atopic Dermatitis Surveillance
- Pharmaceuticals for Insomnia Topic Brief

[The Center] gives us support on sticky issues even when there is not a clear path or evidence is evolving.

– MED Member, Colorado

- Pharmacologic Agents for Weight Management: Clinical Evidence and Management Strategies
- Predictors of 4-Year Graduation for the Oregon High School Class of 2020
- Prescription Digital Therapeutics: Evidence, Reimbursement, and Coverage Policies
- Prevention and Treatment of COVID-19 Topic Brief
- Prevention and Treatment of Respiratory Syncytial Virus (RSV) Topic Brief
- Prevention of Respiratory Syncytial Virus (RSV)
- Projected Future High-Cost or High Utilization Therapies in Phase 3 Testing: Spring 2023
- Residential Care for Children and Youth With Mental Health Conditions: Medicaid Strategies for Coverage and Implementation of the Family First Protection Services Act
- Second Generation Antipsychotics in Children and Adolescents Surveillance

- Severe Chronic Absenteeism and 4-Year Graduation for the Oregon High School Class of 2020
- Short-Acting Versus Long-Acting GLP-1 Receptor Agonists for Type 2 Diabetes
- Social Service Interventions to Prevent Foster Care for Children and Youth: Effectiveness and Implementation Strategies
- Strategies for Coordinating Early Intervention Services and Medicaid
- Strategies for Improving Follow-Up After Hospitalization for Mental Illness
- Strategies for Integrating Early Intervention Services With Medicaid
- Strategies to Validate the Adequacy of the Provider Network
- Targeted Immune Modulators for Crohn Disease and Ulcerative Colitis: Update
- Targeted Immune Modulators for Plaque Psoriasis and Psoriatic Arthritis Topic Brief
- Targeted Immune Modulators for Rheumatoid Arthritis and Ankylosing Spondylitis Surveillance
- The Role of Clinicians Within Medicaid Agencies
- Tirzepatide for Type 2 Diabetes Mellitus
- Treatment Alternatives for Opioids in Common Chronic Pain Syndromes: Clinical Practice Guidelines
- Treatments for ADHD Surveillance
- Treatments for Atopic Dermatitis Surveillance
- Treatments for Hemophilia A Surveillance
- Treatments for Sickle Cell Disease Surveillance
- Use of Quality Measures in Value-based Purchasing to Improve Home Health and Private-Duty Nursing
- Use of Stereotactic Body Radiation Therapy
- Washington Psilocybin Stakeholder Work Group: Final Report
- Weight Management Medications DRAFT Executive Summary
- Zulresso and Zuranolone for Postpartum Depression Surveillance

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