Impact of Meta Analysis for Policy Decisions about Reimbursement - Payer Perspective

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The Nation's Largest MBHO Serving 1 in 7 Americans

- Serving over 2,500 customers
  - 145 Fortune-ranked employers
  - 21 of Working Mother Magazine's 100 Best Companies in 2007
  - 20 of Forbes' The Global High Performers 2007 (out of 67 US Companies)
- Serving almost 43 million members
  - 1 in 7 Americans*
  - 1 in 6 insured Americans*
- The largest national network in the nation, that deliver best in class density, discounts and quality segmentation
  - 83,000 practitioners; 2,500 facilities/4,600 facility loc
- Simultaneous NCQA and URAC accreditation

*Ratio of latest figures from the U.S. Census Bureau

Our Fundamental Principles

Mission

- To provide **evidence-based** behavioral health and wellness systems of care that empower the people we serve to lead healthier and more productive lives

Vision

- To be the leader of **innovative behavioral health solutions** improving the total health and well-being of the people we serve

Values

- We are committed to clinical excellence with a focus on improving quality, access, and evidence-based practice
- We keep **healthcare affordable through innovation, technology, and continuous management**
- We collaborate with customers to provide unique and integrated products
- We engage consumers in their quest to live healthier lives
- We work together to build an atmosphere of trust and respect
- Our actions support the principles of fairness, integrity, and human dignity

Effective Benefit Management Is Tied to Evidence Based Treatments

- Rigorous and consistent clinical management of:
  - **Scientific Evidence**
    - Standards will be based on credible published scientific evidence, supported by controlled clinical trials or observational studies.
  - **Clinical Appropriateness**
    - Services must be clinically appropriate for individual members in terms of type, frequency, extent and duration.
  - **Cost Effectiveness**
    - Services must not be more costly than an alternative service that is at least as likely to produce equivalent diagnostic or therapeutic results.

Rigorous application of clinically-proven criteria in determining medical necessity will improve health care quality, manage costs, and standardize admin practices.

Review of New Technologies – Pharmacological Agents

Pharmacy Therapeutic Review

- Levels of review of any new drug before it is placed on the formulary:
  - Effectiveness/Comparative effectiveness/Safety
  - Efficacy Review = cost + effectiveness

Comparative Effectiveness/Safety

- Review clinical trial evidence to determine:
  - The uniqueness of the drug in its treatment of a condition
  - Safety
  - Effectiveness/Comparative effectiveness

Efficacy Review

- Cost Efficiency of the new drug
- Value based approach

Review of New Technologies –Non- Pharmacological Treatments

Therapeutic Review

- Levels of review of any new technology before it is considered for coverage:
  - Effectiveness/Comparative effectiveness/Safety
  - Efficacy Review = cost + effectiveness

Comparative Effectiveness/Safety

- Review clinical trial evidence to determine:
  - The uniqueness of the technology in its treatment of a condition
  - Safety
  - Fidelity
  - Effectiveness/Comparative effectiveness

Efficacy Review

- Cost Efficiency of the new technology
- Value based approach

Evidenced Based —Hierarchy of Evidence

- Statistically robust, well-designed randomized controlled trials
- Statistically robust, well-designed cohort studies
- Large, multi-site observational studies
- Single-site observational studies
- Expert opinion using Cochrane grading
- Single case studies

Clinical Technology Assessment Committee: Proven vs. Emerging vs. Unproven Level of Evidence

Evidence first examined to determine if it meets criteria for placement into the "proven bucket." If any of the five criteria for proven are not met, technology falls to the "emerging bucket". If any of the five criteria for emerging are not met, technology again falls to the "unproven bucket."

Proven

Requirements:
(Must have all 5; if not, falls to "emerging")

1) 3 or more high-quality studies focusing on specific area/use of the technology
2) Studies have average SMR scores of at least 4
3) Beneficial Treatment Effects (for specific population)
4) Technology is relatively safe
5) Fidelity established

Emerging

Requirements:
(Must have all 6; if not, falls to "unproven")

1) At least 2 group design or several single subject research design (using NSP criteria) studies focusing on specific area/use of the technology
2) Studies have average SMR scores of at least 3
3) Beneficial Treatment Effects (for one outcome of specific population)
4) Technology is relatively safe
5). Fidelity is established
6) **Is applicable to conditions or diseases that are high burden**

Unproven

Does not meet all 6 criteria needed for emerging, or any of the following:

1) Not based on research studies or agreed-upon guidelines
2) Studies have average SMR scores of less than 2
3) Ineffective, unknown, or adverse treatment effects
4). Technology is relatively safe
5). Fidelity may or may not be established

Emerging And Promising Technologies (non pharmacy)

- Background
  - Services, supplies, or treatments (a.k.a. “technologies”) that are considered unproven, or experimental or investigational because they do not meet national generally accepted level of scientific evidence to be considered “proven”, are commonly excluded from the benefit plan.
  - However, there are circumstances in which there is a clinical need but:
    - evidenced supporting technologies have not risen to the level of a “proven” technology,
    - Existing technologies are ineffective.
  - In behavioral health, due to the lower funding stream of research grants, many new areas of new technologies are not completely researched to meet the criteria and therefore not eligible for benefit coverage
    - Of the last technologies reviewed only one was found to be proven.

Scientific Merit Rating Scale

Level 4

Research Design		Measurement of Dependent Variable		Measurement of Indepnt Variable	Participant Ascertainment	Generalization of Tx Effect(s)
Cohort or Case-Control	**Other**	**Test, scale, checklist, etc.**	**Direct behavioral observation**			
Nonrandom methods High quality, well conducted cohort study or case-control study Adequate sample size and power Multi-site No significant pre-baseline differences Low risk of confounding, or other bias	Systemic review of cohort or case-control Meta-analysis of cohort or case-control RCT with inadequate random methods or concealment	Adequate measurement reliability and validity Adequate measurement protocol Some missing data, or attrition, and analyses have taken into account Adequate consistency of results Adequate confidence intervals	Type of measurement: continuous or dichotomous w/ calibration data showing adequate levels of error	Adequate fidelity to intervention or technology as designed Adequate adherence to protocol/manual for the intervention Adequate training implemented Adequate measurement and control of confounding variables	Diagnosis confirmed by independent or blind evaluators for research purposes using at least psychometrically solid instrument DSM or ICD criteria or commonly accepted criteria during the identified time period reported to be met Adequate diagnostic homogeneity	Adequate statistical analytics to answer research questions Adequate follow-up and maintenance data support Statistical significance and application to patient heterogeneity Measurement of dose-response

Rating of Fidelity

- As a part of our evidence review we review the ability of a technology, especially psychotherapeutic approaches, to be applied with fidelity
- Components of our review include:
  - **Training required to apply the technology**
    - manualized
    - Hours of training
    - Hours and type of supervision
    - Requirements for the training of a supervisor
  - **Methodologies to demonstrate of competencies**
    - National standard examination
    - Rating of clinical performance by expert observation
    - Outcomes measurement
  - **Ongoing retraining to prevent drift in skills**
    - Recertification
    - CEUs
    - Supervision
    - Standard use of measuring clinical outcomes

Bridging Policy and Science

What can researchers do to focus their research and analysis on issues relevant to technology reviews?

Bridging Policy and Science – Health Plan Perspective

Recommendations to Researchers:

- Clear delineation of population and their characteristics
  - Who is included/excluded
  - Use of more naturalistic population based studies
- Sub analysis of results on ethnic and racial subpopulations
- Comparative effectiveness analysis with standard established treatments
- Include cost of implementation analysis
- Detail on how fidelity was established if relevant

Bridging Policy and Science – Health Plan Perspective

Recommendations to Research Funders

- Establish as a culture and requirement of integration and standardization of research protocols
  - Integration means bringing together studies done in isolation into a common platform and centralize the data base
  - To do this, and pool data, the research parameters and methods of assessing must be standardized
  - Standardization means each time a person is assessed, the exact procedure is replicated in an invariant procedure, and scored using an invariant procedure
- Establish a central data base for meaningful integration of datasets and the establishment of registries
- Provide access to the central data base to promote low cost and informative descriptive analysis and matched controlled comparisons.

Thank You!

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