IOM Roundtable Comments: Developing Systems for Evidence Generation

Kathryn A. Phillips
Professor of Health Economics & Health Services Research
UCSF

The Center for **Translational and Policy Research on Personalized Medicine**

My Recent Thoughts on Closing Evidence Gaps (JAMA 2008)

1. Document gaps in knowledge about actual clinical practices
   - Forums that bring together different perspectives and synthesize evidence
   - Data analyses of evidence gaps, e.g., our analyses of claims & medical records
   - Economic analyses using real-world data

2. Standardize testing documentation, procedures, and interpretation
   - ASCO/CAP standards and incentives to use accredited labs
   - Improving communication between labs & clinicians

Closing Evidence Gaps

3. Provide incentives to close gaps

- Policies that provide incentives to reduce gaps, e.g., UnitedHealthcare policy requiring clinicians to submit documentation of positive HER2 test with first trastuzumab claim

4. Develop creative approaches to building the evidence base

- Better coding for tracking utilization
- Academic, industry, and government collaborations to build the evidence base

Where are the Gaps in Developing Evidence Systems?

One Key Group: Private Payers (beyond group/integrated system)

Seven largest health plans in US

- WellPoint, Inc.
- UnitedHealth Group, Inc.
- Aetna, Inc.
- Health Care Service Corporation/BCBS
- CIGNA HealthCare, Inc.
- (group model: Kaiser Permanente)
- Humana, Inc.

Representing 100 Million Patients

TRANSPERS Health Plan Roundtable Discussions & Board Meetings 2007 & 2009

Consensus that important to address evidence gaps & evidence generation

- But multi-factorial causes & solutions
- "Obvious" solutions may be infeasible

- When you've seen:
  - One payer, you've seen one payer
  - One product coverage decision, you've seen one decision
- Wide variations in perceptions: payers, industry, government, & academics

- Consensus that lack of data on clinical outcomes is biggest challenge
  - TRANSPERS is working on methods to link claims & charts so that can track use & outcomes
  - Also comparing/contrasting payers
- Interest in developing evidence frameworks
  - TRANSPERS is synthesizing current frameworks to get lay of land
    - Not one size fits all (payer or topic)
    - Must consider contextual factors
  - TRANSPERS is developing taxonomy of evidence gaps
- Private payers bring an important perspective to evidence debate
  - But need a mechanism to facilitate this

Parting Thoughts

- Useful to consider how various stakeholders view evidence gaps
- Need to better use health plan data to address gaps
  - Requires creative collaborations

"Never use the word "solution" in the same sentence as "health policy"

Joe Newhouse
Harvard Medical School