

Translating Data into Health Policy

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 - Maximizing the quality of evidence given limited research dollars.
 - Cost-effective input into evidence-based policy decisions

- **This conference has been about strategies to develop evidence**
 - Maximizing the quality of evidence given limited research dollars.
 - Cost-effective input into policy decisions
- **This session is about the quality of public decision making.**

How much benefit is good enough?

- **Described CMS coverage policymaking**
- **Population-level expected outcome decision making**
- **Efficacy is the decision criterion, not cost.**
 - Cost enters with price setting
 - How would decisions change if CE was a criterion?
- **How much benefit is enough?**
 - At least as much as previously covered item
- **Do coverage decisions consistently mirror the evidence?**

Opportunity costs and societal trade-offs

- **Advice about how to allocate research funding**
- **Argues for population health perspective in setting funding priorities**
- **Should use C-E as a measure of value when setting priorities.**
- **Who decides our national research funding priorities now? How?**

Third party payer perspective

- **Get revenue from insurers and employers.**
- **A prudent buyer of “medically necessary services.”**
- **Tries to control volume, not unit price.**
- **Strives for consistency by using services of proven effectiveness.**
 - Frustrated by appeals to use unproven, costly therapy.
- **Will costly new technology be judged only on efficacy or on cost per QALY?**

- **The common theme: decisions about policies to allocate scarce resources**
 - Investment in research
 - Investment in clinical services
- **A common sub-theme: taking a population perspective**
 - Frustrated by appeals to make exceptions

- **This conference has been about strategies to develop evidence to support decision making about policy**
- **This session is about the quality of decision making about policy.**
 - **What values drive these decisions?**
 - **Do our policy decisions consistently reflect these values?**

- **We can certainly do better in our public policy decision-making.**
 - **Inconsistency in applying principles**
 - **Population perspective**
 - **Evidence-based**
 - **Focus on value (C-E)**
 - **Consistency is good. Can we also allow for *reasonable* variation in practice?**
 - **Can we develop a consistent approach to allowing some flexibility?**

Consistency

- **“A foolish consistency is the hobgoblin of little minds.”**

**Ralph Waldo Emerson (as quoted in
Next Stop Wonderland)**

Advantages to being consistent

- **Consistency:**
 - Rules to evaluate evidence
 - Rules for using evidence to make a decision
- **Advantages**
 - To manufacturers (how to plan)
 - To funding agencies (what research to fund)
 - To researchers (which research to do)
 - Doctors and patients (meaning of a recommendation)

- **Consistency of approach:**

- We have good decision processes but we're not consistent in applying them.

- USPSTF as a model of consistency and transparency

Wording of Recommendations

A - Strongly recommend

good evidence, benefits substantially outweigh harms

B - Recommend

at least fair evidence, benefits outweigh harms

C - USPSTF makes no recommendation

fair to good evidence, benefits and harms closely balanced

D - Recommend against routine use

ineffective or harms outweigh potential benefits

I - Insufficient Evidence to Recommend For or Against

- **Lack of evidence on clinical outcomes**
- **Poor quality of existing studies**
- **Good quality studies with conflicting results**

Confidence interval includes clinically important benefits

U.S. Preventive Services Task Force Over-all Rating of Evidence

- **Good**
- **Fair**
- **Poor**

USPSTF Rating System

“Good”

- **Consistent results**
- **Well-designed, well conducted**
- **Representative populations**
- **Directly assesses effects on health outcomes**

USPSTF Rating System “Fair”

- **Evidence adequate to determine effects on health outcomes but limited by:**
 - Number, quality, or consistency of studies
 - Generalizability to routine practice
 - Indirect character of the effect on health outcomes

USPSTF Rating System

“Poor”

- Evidence is insufficient to assess effects on health outcomes because
 - Limited number studies
 - Limited power of studies (wide 95% CI → inconclusive results)
 - Important flaws in design or conduct
 - Gaps in the chain of evidence
 - Lack of information on health outcomes

How can we do better in policy decisions?

- **A problem: the imposition of different value systems on the decision process.**
 - Politicians, profit, and patients (the 3 Ps)
- **Will better quality data lead to better quality decision making?**
 - Precise, unbiased estimates of health effects based on many studies
 - Will better data lead to consistency in policymaking? Will it trump the 3 Ps?

- **We can certainly do better in our public policy decision-making.**
 - Be more consistent in applying principles of good decision making.
 - Learning to allow for *reasonable* variation in practice.