Partnerships: Evidence-Based Health Research and Policymaking in California

California Health Benefits Review Program (CHBRP)

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September 18, 2012

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Outline for this Panel

➢ Primer on US' private health system and benefit coverage mandates

➢ Overview of CHBRP

➢ Medical Effectiveness analysis approach

➢ Benefit Coverage, Cost, Utilization analysis approach

➢ Public Health analysis approach

➢ Putting it all together

Outline

➢ **Primer on US' private health system and benefit coverage mandates**

➢ Overview of CHBRP

➢ Medical Effectiveness analysis approach

➢ Benefit Coverage, Cost, Utilization analysis approach

➢ Public Health analysis approach
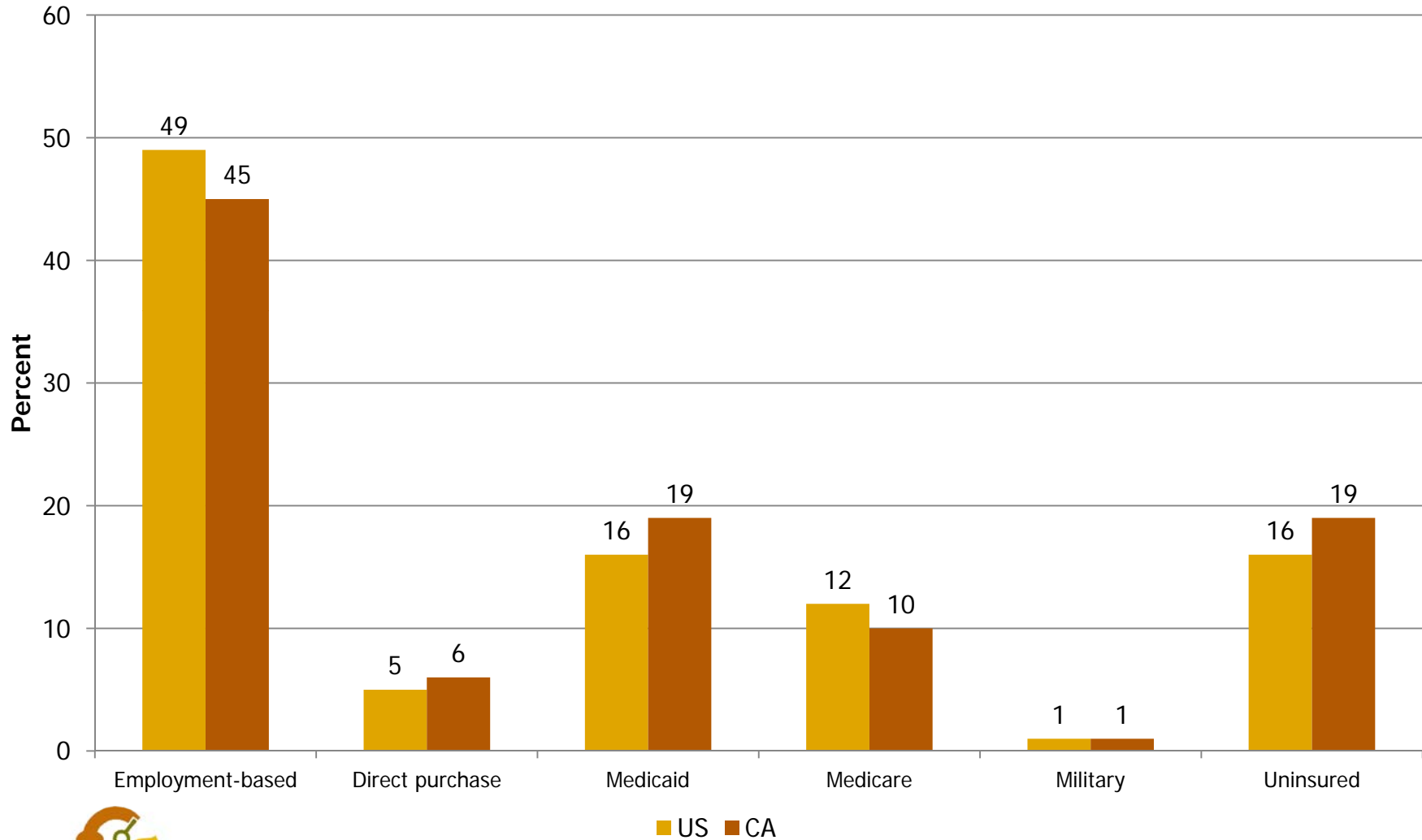
➢ Putting it all together

More Than Half of Nonelderly US Residents Had Private Health Insurance in 2010

Source: Kaiser Family Foundation

What are Benefit Mandates?

➤ A benefit mandate is:

  ▪ A requirement imposed on health insurance (whether publicly financed or privately financed) to cover specific benefits.

➤ Specific Benefit requirements may be for:

  ▪ Specific treatments, specific services, or conditions/diseases.

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Other Countries' Models

➢ United Kingdom

- NICE - National Institute for Health and Clinical Excellence

➢ Canada

- Program in Evidence-based Care, Cancer Care Ontario
- Alberta Institute of Health Economics
- Guidelines and Protocols Advisory Committee, British Columbia Ministry of Health

Benefit Mandates Driven by Legislators

➢ Most lawmakers have little or no medical, economic, or actuarial experience

➢ Mandates introduced on behalf of constituent or interest group

➢ Insurance carriers say mandates will cost too much

CHBRP Reports Enhance Understanding

➢ Leverages broad areas of expertise of University of California faculty to perform evidence-based analysis.

➢ Neutral – without specific policy recommendations

Outline

➢ Primer on US health system and benefit coverage mandates

➢ **Overview of the California Health Benefits Review Program (CHBRP)**

➢ Medical Effectiveness analysis approach

➢ Benefit Coverage, Cost, Utilization analysis approach

➢ Public Health analysis approach
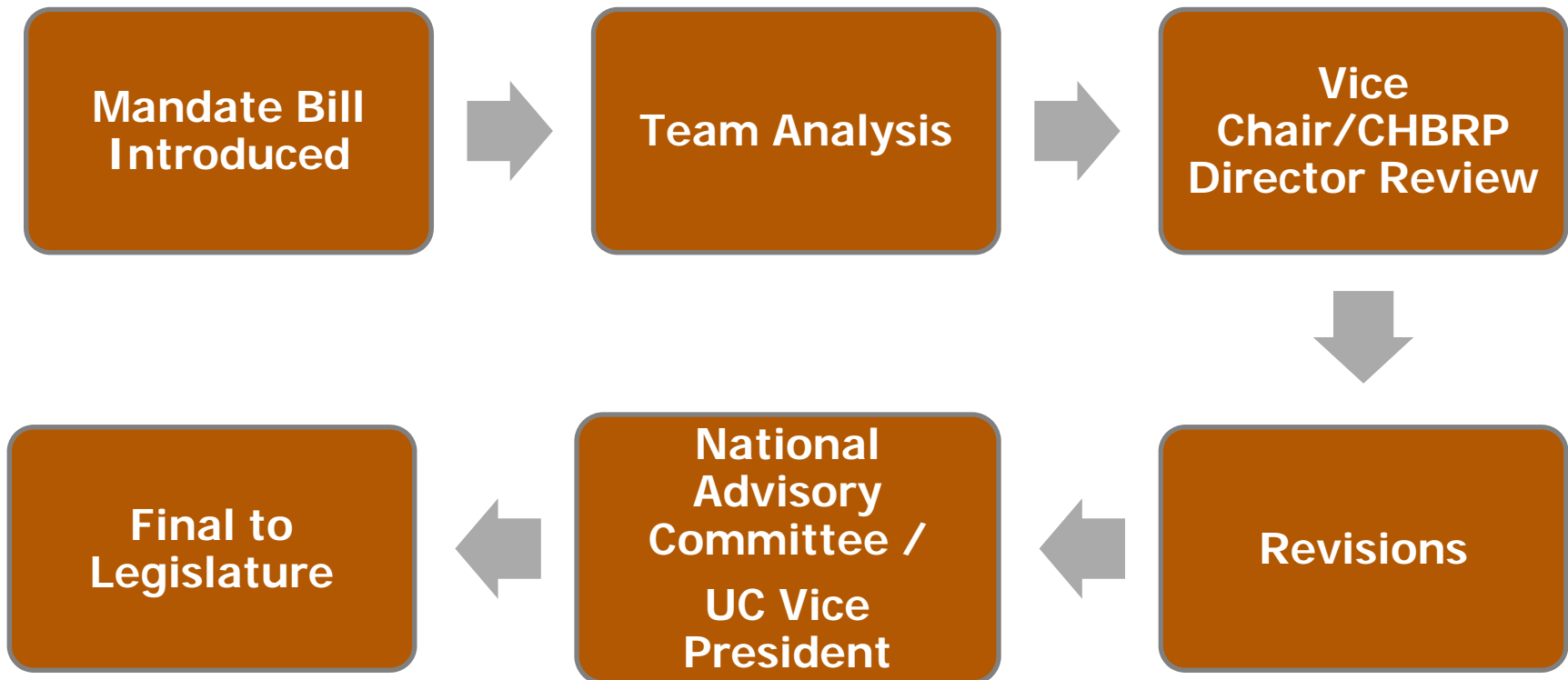
➢ Putting it all together

Who is CHBRP?

➢ Established in 2002, Based at the University of California (UC)

➢ Task Force of faculty and researchers

➢ Actuarial firm: Milliman, Inc

➢ Librarians

➢ Content Experts

➢ National Advisory Council

➢ CHBRP Staff

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CHBRP's 60-day timeline

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┌──────────────────┐      ┌──────────────────┐      ┌──────────────────┐
│  Mandate Bill    │  →   │  Team Analysis   │  →   │      Vice        │
│   Introduced     │      │                  │      │  Chair/CHBRP     │
│                  │      │                  │      │  Director Review │
└──────────────────┘      └──────────────────┘      └──────────────────┘
                                                              │
                                                              ↓
┌──────────────────┐      ┌──────────────────┐      ┌──────────────────┐
│    Final to      │  ←   │    National      │  ←   │    Revisions     │
│   Legislature    │      │    Advisory      │      │                  │
│                  │      │  Committee /     │      │                  │
│                  │      │  UC Vice         │      │                  │
│                  │      │  President       │      │                  │
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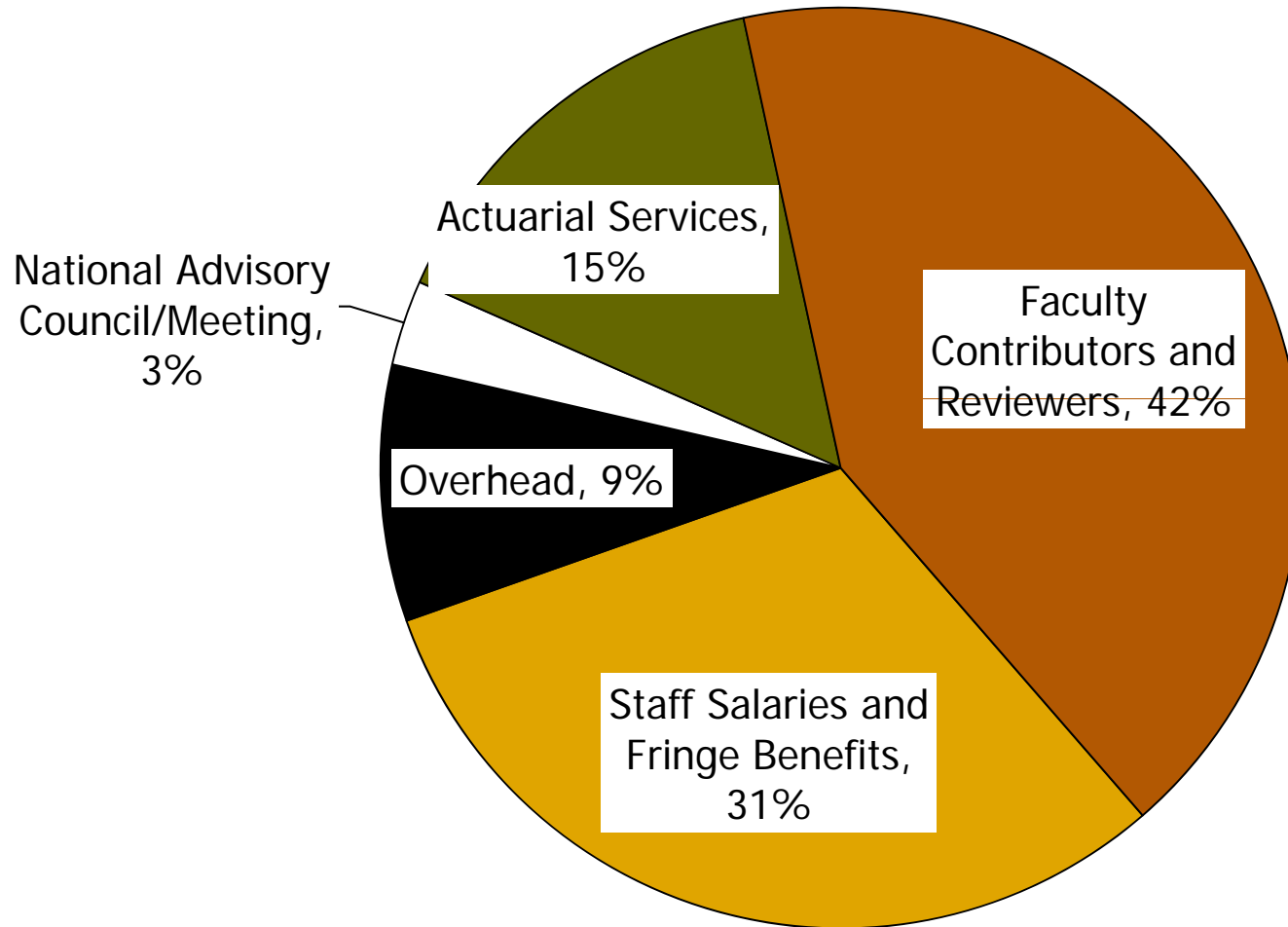CALIFORNIA
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How CHBRP Works

➢ Upon receipt of Legislative request: Convene multi-disciplinary analytic team.

➢ Each Team Evaluates:
- Medical Effectiveness → Does a treatment work?

- Cost → Will enrollees use it? How much will it cost?

- Public Health → What impact will this have on the community's overall health?

How Much Does CHBRP Cost?

Actuarial Services, 15%

National Advisory Council/Meeting, 3%

Faculty Contributors and Reviewers, 42%

Overhead, 9%

Staff Salaries and Fringe Benefits, 31%

Total annual budget = $2 million USD
UC provides office space for CHBRP staff as in-kind contribution.

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➢ **Medical Effectiveness analysis approach**

➢ Benefit Coverage, Cost, Utilization analysis approach

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