



The New England Comparative Effectiveness Public Advisory Council

Overview – September 2011

Overview

- Funded by a grant from the Agency for Healthcare Research and Quality (AHRQ)
- The Goal
 - To “adapt” AHRQ evidence reviews to enhance the application of evidence in clinical practice and insurer policies in New England
- Advisory Board of state Medicaid directors, medical society representatives, regional private insurers, and patient advocates
- Managed and coordinated by the Institute for Clinical and Economic Review (ICER)
 - Academic research institute based at Massachusetts General Hospital: www.icer-review.org



Topics

- Initial topics are drawn from recently completed AHRQ evidence reviews
- Advisory Board guides ICER regarding topic selection, products, dissemination



“Adaptation” of AHRQ Reviews

- Supplementary content
 - Update on most recent publications
 - State-specific data
 - Prevalence, utilization patterns
 - Provider and patient characteristics
 - Information on costs, budget impact, and cost-effectiveness
- Process
 - New England Comparative Effectiveness Public Advisory Council (CEPAC) formed to vote on key judgments of comparative clinical effectiveness and value



New England CEPAC

- Independent from state and other payers
- 19 members (minimum two per state)
 - 2:1 ratio of practicing clinicians and public policy expert members
 - Ex-officio representation of public and private payers
- Process
 - Deliberation and voting



First CEPAC Public Meeting

- Topic: Ablation Strategies for Atrial Fibrillation



Key Votes from First Meeting

- 15 to 1 that evidence was adequate to demonstrate superior clinical effectiveness for catheter ablation after poor response to medical management
 - Comparative value: second-line catheter ablation represents a “reasonable” value for New England public and private insurers
- 16 to 0 that evidence was inadequate to demonstrate that first-line catheter ablation was as good, or better, than medical management
- 16 to 0 that evidence was inadequate to demonstrate that minimally invasive surgical ablation was as good or better than catheter ablation or continued medical management



CEPAC Recommendations

- Develop clear training standards for clinicians performing catheter and surgical ablation
- Create patient registries and other mechanisms for capturing patient outcomes for innovative, new approaches to ablation as they enter clinical practice
- Establish more opportunities for patients to obtain performance data on individual clinicians and hospitals as part of enhanced shared decision-making



Implementation

- Final report distributed to key policymakers in New England
- Webinars, in-person meetings and conference calls with:
 - State medical societies
 - Council of State Governments/Eastern Regional Conference Health Policy Committee
 - State Medicaid Care Management Oversight Councils
- Payers: no direct action taken to date



Next topic:

Treatment-resistant Depression

- Treatments
 - Transcranial Magnetic Stimulation (TMS)
 - Electroconvulsive Shock Therapy (ECT)
 - Cognitive Psychotherapy
- Evolution in CEPAC process
 - More focus on actuarial and budget impact
 - Bringing payers and physician societies into the meeting to discuss implementation
- Implementation...?



More Information

- Visit: <http://cepac.icer-review.org/>
- Email ICER: info@icer-review.org
- Participate: CEPAC Public Meeting
Friday, December 9, 2011
10:00 am – 3:30 pm
Rhode Island (exact location TBA)

*Topic: Nonpharmacologic
Interventions for Treatment-
Resistant Depression*

