



Driving Care Decisions and Managing Costs with Comparative Effectiveness Research

Webinar

May 26, 2011

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Using Medical Evidence in Plan Design

- Employers and health plans are using evidence in plan design to:
 - Increase the use of clinically appropriate care
 - Lower net spending for chronic conditions, e.g. avoidable hospitalizations and ED use
 - Support wellness and prevention
 - Support employees in their efforts to improve health behaviors and outcomes
 - Reduce the use of medical interventions shown to be driven more by provider preference and supply than by evidence of effectiveness, e.g., back surgery or CABG
- A growing number of employers are also differentiating employee cost sharing based on use of COE and high performance networks and/or the use of decision support resources.



Employee Attitudes Toward Health Information and Comparative Effectiveness Research

- 57% of employees believe comparative effectiveness research is very important. They also feel most medical information available to consumers is too hard for the average person to understand.
- Employees are seeking more health information from health plans and employers:
- Health Plans:
 - 76% in 2010
 - 67% in 2007
- Employers:
 - 75% in 2010
 - 54% in 2007



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Today's Speakers

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Project Goals

- Provide information to employers on the importance of comparative effectiveness research (CER).
- Support employers through using CER in their decision-making and with their health plan partners.



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Employer Guides

Topic Areas:

- Cancer
- Diabetes
- Heart and Blood Vessel
- Muscle, Bone, and Joint
- Pregnancy and Childbirth



Employer Guides

Cancer

- **Treatments for Clinically Localized Prostate Cancer**
- **Core-Needle Biopsy for Breast Abnormalities**

Diabetes

- **Premixed Insulin for Type 2 Diabetes**

Heart and Blood Vessel

- **Adding ACE Inhibitors and/or ARBs to Standard Therapy for Stable Coronary Heart Disease: Benefits and Harm**
- **Renal Artery Stenosis Treatments**



Muscle, Bone, and Joint

- **Treatments for Knee Osteoarthritis**
- **Comparative Effectiveness of Interventions for Rotator Cuff Tears**

Pregnancy and Childbirth

- **Choosing to Have Labor Induced: Safety and Harm**



A GUIDE FOR EMPLOYERS

Using Comparative Effectiveness Research

MAY 2011



National Business Group on Health

Treatments for Clinically Localized Prostate Cancer

This guide provides actions suggested by the National Business Group on Health for employers who want to use comparative effectiveness research (CER) in their health plan and program design. It is based on research funded by the federal Agency for Healthcare Research and Quality (AHRQ). See the "Resources" section at the end of this guide for patient information on the treatment of prostate cancer.

Impact on Employers

Prostate cancer is very common, with one in six men developing it over their lifetime. The risk increases with age, as 4 out of 5 cases are diagnosed in men over age 65, and only 1% of cases are found in men under age 50. Ninety percent of the men diagnosed have localized prostate cancer or cancer that has not spread outside the prostate gland. Typically, localized prostate cancer is very slow-growing and often causes no harm during the patient's lifetime. However, some cases can spread more rapidly and require active treatment.

Screening with the PSA blood test to detect prostate cancer has increased over the last decade, and so too has the number of cancers detected and the number of men undergoing active treatment. However, treatments can pose challenges in some cases due to problematic side effects. Men with prostate cancer should weigh carefully what treatment is appropriate to their situation. Often the best treatment is "active surveillance," which allows an employee to learn more about their cancer, whether it has spread, and if active treatment is required. Employers have an interest in helping men work with their doctors to make treatment decisions based on medical evidence and individual circumstances and preferences.

Deciding on Treatment

After receiving a prostate cancer diagnosis, a man faces two decisions. The first is whether to wait and see if the cancer progresses (expectant management) or to treat it right away. Since most prostate cancer grows slowly, expectant management is a common choice. It provides time to learn what the options are and avoid the side effects of active treatment.

The second decision comes when active treatment is chosen. The most common active treatments are radical prostatectomy and radiation therapy. All active treatments have side effects that may be long-lasting, including sexual, urinary and bowel problems.

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Treatments for Knee Osteoarthritis

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Impact on Employers

Knee osteoarthritis, a common condition for older adults, is becoming increasingly important to employers because of the aging workforce. In the U.S., knee osteoarthritis affects over 10 million Americans and 10%-20% of individuals age 60 and over.¹ However, although knee osteoarthritis is a common condition, it is also a manageable one. Many individuals with knee osteoarthritis can control their symptoms by maintaining a healthy weight and getting regular exercise.

What is Knee Osteoarthritis?

Knee osteoarthritis is a condition that occurs when cartilage in the knee joint wears down over time, causing deep aching pain in the inner knee, stiffness and swelling.² It can also cause the fluid in the knee to function improperly, making joint movement and flexibility more difficult. These symptoms can be difficult to detect at first because they often develop slowly and over a number of years.³ Risk factors for knee osteoarthritis include previous injury, joint inflammation, abnormalities of joint shape and obesity.² The condition is also especially common in women and in individuals who play physical sports.⁴

The problem of knee osteoarthritis is not necessarily the prevalence of the condition, but in the treatments that patients most commonly use. Three very common treatments for knee osteoarthritis are glucosamine and chondroitin supplements, joint lubricant shots, and arthroscopic surgery, none of which is proven effective in reducing the symptoms of knee osteoarthritis. Surgery and joint lubrication shots are expensive and can impose unnecessary costs on employers and employees with little to no benefit.



A Guide for Employers: Using Comparative Effectiveness Research

- Impact on Employers
- AHRQ Comparative Effectiveness Research Findings
- National Business Group on Health Strategies for Employers
 - Member Education and Supports
 - Patient Decision Aids
 - Plan Design
 - Network Management
- Resources



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Patient- Centered Outcomes Research Institute (PCORI)

- PPACA of 2010 established PCORI as an independent non-profit organization to help patients, clinicians, purchasers and policymakers make better informed health care decisions.
- Oversee research to provide quality, relevant evidence on how diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed.
- 21 member Board of Governors. 19 stakeholder representatives appointed plus Director of AHRQ and Director of NIH or their designees.
- **PCORI Board meetings open to public with town hall component**
 - **July 18-19 Washington, DC**
 - **September 19-20 Seattle, WA**
 - **November 14-15 New Orleans, LA**
 - **Teleconference option**
- For more information: www.pcori.org



Related Business Group Resources

- **Evidence-Based Benefits**

Website index page with links to all National Business Group on Health evidence-based benefit products including toolkits, employer guides, issue briefs, etc.

- **Help Your Employees Get High Quality Care**

Communications Toolkit with materials to educate employees about finding good quality health care, making wise decisions, and being informed consumers.

- **Employee Attitudes toward Health Information and Comparative Effectiveness Research**

2010 survey of more than 1500 employees.

- **National Committee on Evidence-Based Benefit Design**

Business Group committee since 2004 improving care quality and spending value by using plan design, purchasing and employee engagement to encourage and reward effective care and discourage ineffective care.