

Putting CER into Action: Lessons From a Community Collaborative

Steven D. Pearson, M.D., M.Sc.

“Using” CER

- Disseminating information to patients
- Disseminating information to clinicians
- Medical policy options

Medical Policy options for CER

1. Hope that patients and clinicians manage themselves
2. Coverage decisions
3. Step edits, physician edits, etc.
4. Push clinical decision aids to clinicians (HIT)
5. Push patient decision-making tools
6. Payment for the test or treatment itself
7. Payment to the clinicians
8. Patient incentives

Barriers to private payer policies

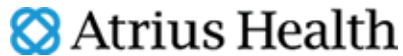
- Private plans have severe legitimacy deficit
- Difficult to differ from Medicare
- State regulators monitor provision of all “medically necessary” care
- Private plans have contracts with providers that offer limited options to integrate CER
- Limiting coverage or payment triggers the “mother of all disruptions”



Employers Action Coalition on Healthcare

EACH members

Providers



Health Plans



Employers



Other



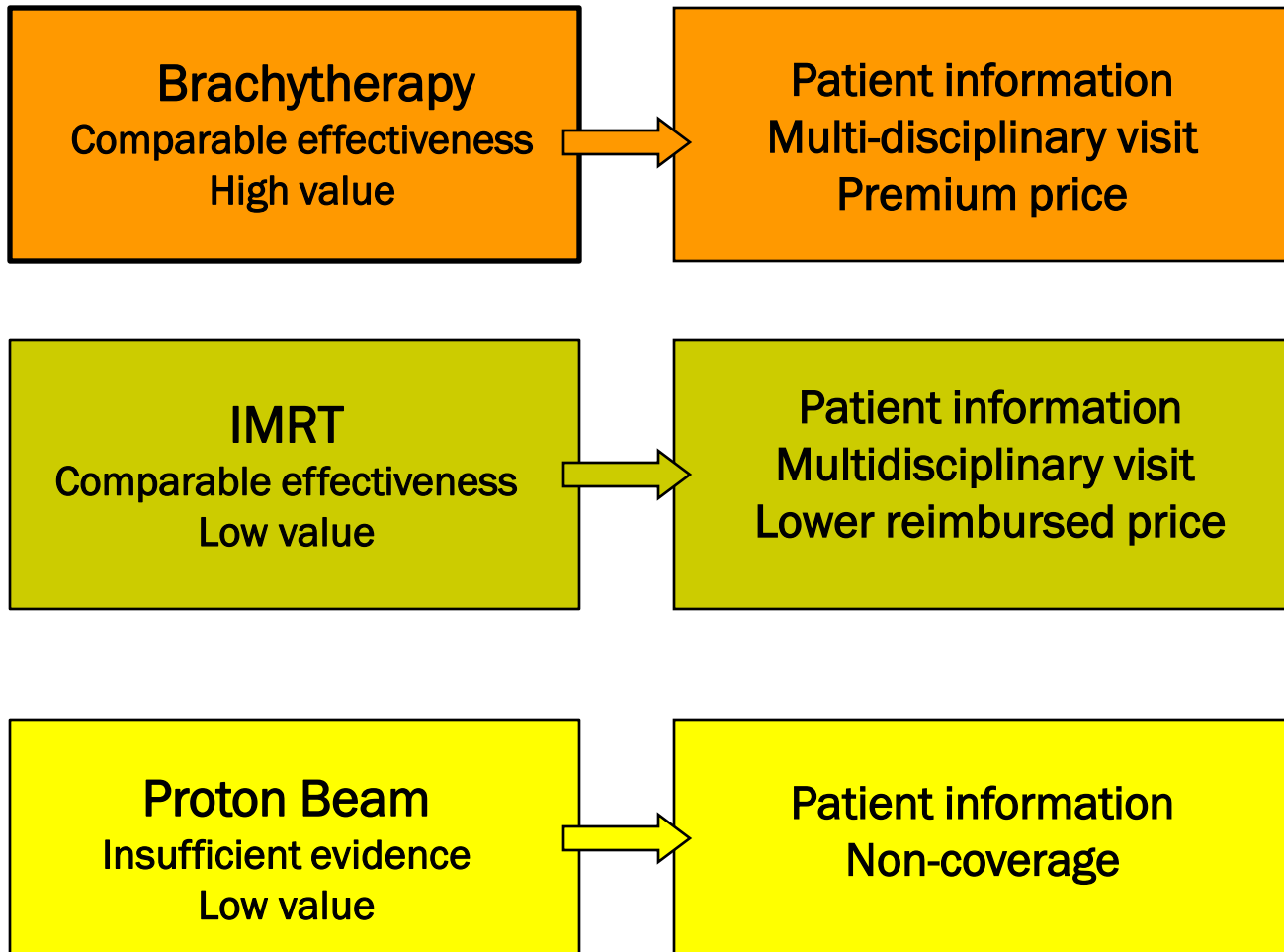
- Goals

- To seek a community consensus on the comparative effectiveness of management options for localized prostate cancer
- To use a common evidence platform to help identify the best care for individual patients while shifting community care patterns toward those options that produce higher value
- To reduce the costs of care

ICER appraisals of localized prostate cancer treatment options

- Active surveillance
- Radical prostatectomy
- Brachytherapy
- IMRT
- Proton beam

From Comparative Effectiveness to Medical Policy Decisions



Your Options for Low-Risk Prostate Cancer



About Your Diagnosis

A diagnosis of prostate cancer can be overwhelming. Here, we present the results of a comprehensive review of the evidence comparing the management options available for men with low-risk prostate cancer.

[Learn about diagnosis](#)



Your Management Options

This patient decision aid is designed to help you compare the effectiveness, potential side effects, and the number of doctor's visits and tests required for each of the major management options available.

[See management options](#)



Your Next Steps

Empower yourself: identify your preferences and attitudes about your options and print out a personalized set of information and questions to help you have the most productive discussions with your doctors.

[See next steps for you](#)

About This Site

The content of this website is based on a [comprehensive review](#) of the different options for [low-risk prostate cancer](#) conducted by the [Institute for Clinical and Economic Review](#) at the Massachusetts General Hospital in Boston. The review included input from experts around the nation; and the design of this website was created in consultation with experts from Boston Medical Center, Brigham and Women's Hospital, Harvard Vanguard/Atrius Health, Massachusetts General Hospital and Tufts Medical Center.

Throughout this website you can click on videos of doctors from these top clinical groups who will give you further information about your treatment options.



CONTENTS OF THIS SITE

[About Prostate Cancer](#) → [Management Options](#) → [Next Steps for You](#) → [Who We Are](#)

[Glossary of Terminology](#) | [Other Resources](#)

[SEARCH](#)

Produced in partnership with:



Draft CER-Payment principles

5. For providers outside of global contracts, payers should use comparative effectiveness evidence to structure payments in a way that achieves the following goals:
 - To encourage the use of comparative effectiveness information in decision-making by patients and clinicians
 - To encourage the development of more robust evidence on the comparative effectiveness and value of new interventions as they are introduced into care
 - To avoid the creation of perverse incentives in the initial payment rates for new tests and treatments by not paying more for new interventions until adequate evidence exists to demonstrate improved patient outcomes or health system efficiency
 - To reduce incentives for over-utilization of established test and treatment options when they are more expensive than equally effective alternative options
 - To reward providers for innovations that lead to higher quality and value
 - To produce overall savings for the health care community that will lower the costs of insurance coverage borne by purchasers and patients

Payment and CER

- EACH Goals
 - Adequately compensate multi-disciplinary appointments
 - Increase payment for brachytherapy
 - Decrease payment for IMRT
- Possible Approaches
 - Use diagnostic and therapy coding algorithms
 - F codes
 - Manual review?
- Near-term plan
 - All plans move to require F codes to document practice patterns, potential review burden, and lay groundwork for payment changes

What have we learned so far?

- Evidence
 - An objective authority has to make a clear judgment about the evidence, but complete consensus is impossible
 - Parsing patient populations using diagnostic and billing codes is complicated but not impossible
- Process
 - Every stakeholder must have aligned top brass viewing small defeats as part of larger win
 - CER is vulnerable to larger tempests and conflicting strategic goals among stakeholders

What have we learned so far?

- Application
 - Aligning information for patients and clinicians with medical policy changes appeals to all stakeholders
 - “Scaling” payment is preferable to non-coverage
 - Global payments will reframe the potential applications of CER

Thank you