

Appendix B:

Method of the Study

This report, *Benefit Design in Health Care Reform: Report #1-Clinical Preventive Services*, is one of a series of the Office of Technology Assessment (OTA) publications on the uses of effectiveness and cost-effectiveness information in *benefit design in health care reform* that are being published as part of OTA's assessment, *Technology, Insurance, and the Health Care System*. The report addresses the available evidence on the health effects and cost-effectiveness of selected clinical preventive services for people without apparent symptoms for specific diseases, and the implications of using (and not using) such evidence in the design of a benefit package for health insurance coverage. Policy options for congressional considerations are addressed. This appendix summarizes the method used for this report.

Information on the health effects of selected clinical preventive services were based, in large part, on previous reviews. The reviews used were primarily limited to those that met the following criteria. They: 1) completed a thorough literature review, 2) provided explicit assessments of the quality, consistency, clarity, and strength of the scientific evidence, 3) weighed randomized clinical trials more heavily than observational studies, and evidence from research more heavily than expert opinion, and 4) explicitly described the relationship between the scientific evidence and the conclusions. The reviews of the U.S. Preventive Services Task Force (USPSTF) were used extensively throughout the report. In addition, many of the services

discussed in this report had been previously reviewed in depth by OTA. Additional evidence that has emerged since the reviews were written was also presented, and its implications for the conclusions of the earlier reviews discussed.

The report reviewed the evidence on effectiveness of most of the clinical preventive services recommended by the USPSTF for asymptomatic individuals on the basis of individuals' sex and age, as opposed to other indications of risk such as family history. In addition, all of the services included in congressional health care reform proposals introduced in the 102d Congress were reviewed.

The evidence on cost-effectiveness was based on a comprehensive review of published cost-effectiveness analyses of clinical preventive services. The vast majority of cost-effectiveness analyses were limited to those that used the following assumptions: 1) the analyses took a societal perspective, 2) medical costs associated with additional years of life were excluded, and 3) indirect costs were excluded (e.g., costs due to lost productivity or time costs).

The draft report underwent extensive review by members of the Advisory Panel for the overall OTA assessment, as well as by individuals from the health insurance industry, the academic community, health care professionals, representatives of patients, research organizations, businesses, and Federal agencies with an interest and expertise in clinical preventive services and in the use of scientific information in health care.